FOR STATE HEALTH DEPT.

M

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TO DEPUTY MEDY

EXAMINER: This certificate should be executed within 24 hours after death. If any illelay is near by please execute the certifier, writing the ward "pending" in pend; in item, 18. Give Pages 1, 2, and 3 to the functal dr. Proge 4 should be forwarded to the Chief Resident Examiners's Office action PMS. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a build-incarist permit. File pages 1 and 2 with the State Board of Health, or its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6330 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B		06	284
Reg.	Dist.	No.	

	f. PLACE OF DEATH o. COUNTY.		2. USUAL RESIDENCE (Where deced		lence before admitsion)					
V	Anne Arundel	MARYLAND	o state Maryland b. county Anne Arundel							
4	and give nearest town)	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give needest town) Linthicum 7 mos.			c. City OR TOWN (If outside corporate fimits, write RURAL and give nearest town)					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit		d. STREET ADDRESS		. IS RESIDENCE					
	#417 Shipley Roa	Б	#+17 Shipley	Road	YES NO TO					
1	3. NAME OF First	Middle	Lost 4. DATE	Month	Day Year					
-	(Type or print) ATREBT	CLARENCE	ALLEN SR DEATH	June	25 19/50					
	5. SEX 6. COLOR OF RACE 7. MARRIED	NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years IF UNDER						
	Male White WIDOWED		lept. 8, 1892	66 yrs. Months	Days Hours Min.					
	10a, USUAL OCCUPATION (Give kind of work done 10b, KIN during most of working life, even it retired)	ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country) 12. Cf	TIZEN OF WHAT COUNTRY?					
V	Retired Master Mariher	(Merch Mari	ne) Novia Sco	tia	U.S.A.					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
4	Howard Burns Allen		Jane	E. Hughes						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO [Yes, no, or unknown] (If yes, give was or dates of service)	CIAL SECURITY NO. 17. IN	FORMANT	Address	-44					
-	yes WW 11 686	12 3307A	Mrs. Albert C.	Allen. Jr.	Same As #2					
	18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), ond (c).]		7	INTERVAL BETWEEN ONSET AND DEATH					
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Coronary Oc	clusion		Sudden					
-	11.20 / DUE TO				E.					
	Conditions, if any, which) (b)									
	gove rise to immediate couse (a), stating the underlying DUE TO									
	cause last. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?					
2	5				YES NO					
	PART II. OTHER SIGNIFICANT CONDITIONS CON 20c. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	IOW INJURY OCCURRED. (E	iter nature of injury in Port f or Port I	of item 18.)						
	20c. TIME OF INJURY Month, Doy, Year 20d, INJ Hour o. m. While of work	Not while of work	E OF INJURY (Home, form, 20f. (City, street, office bldg., etc.)	y or town) (Co	ounty) (Stole)					
	21. I certify that I taok charge of the re-	mains described abas	re, held an Autapsy 🗍, 👃	nspection DB. Inqui	ry KI, and in my					
	opinion death resulted fram: Natural car	uses Accident	7. Suicide 7. Homicide	. Undetermined	manner 🗍					
	1 1- 16									
	SIGNATURE QUELTAN IL'a	where	CHIEF MEDICAL EXAMINER		DATE SIGNED					
1			ASSISTANT MEDICAL EXAMIN	ER 🗀						
	NAME (Type) Gustave H. Faub	ert.M.D.	DEPUTY MEDICAL EXAMINER	6/25/5	9					
		C. NAME OF CEMETERY OR	elaion 22d. 100	TION Cay good ph-county	(Stote)					
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGIS	TRAR 246. REGISTRAD'S SI	GNATURE					
	117 Singleton, Aller	Taurel,	MA DATUN 2 9 '5	Calma &	Crave A.					

STORY OF HE CARRY HOLD The state of the s 9.

06285

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Month Year IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY?

Address 11411 Rockville Like

INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED?

YES NO P

(County)

19 that I last saw the deceased 1.52/M, from the causes and an the date stated above.

COCATION (City, town, or county) (State)

24b. REGISTRAR'S SIGNATURE Orthur S. House

15M 9/5B

- T- - the second was a second Allega and the second and the second 4 . An extra and the later to the second

leath. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06286

CERTIFICATE OF DEATH 6331

Pag Dist No.

1. PLACE OF DEATH o. COUNTY								
Anne Arun	del	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marvland	here deceased	tived. If institution Baltimo			admission)
Crownsvil	le	10mo. 5 days	c. CITY OR TOWN (IF Baltimore	outside corpor	ote limits, write R	VO/	give neares	t town)
d. NAME OF HOS OR INSTITUTIO Crownsvil	PITAL (If not in hospitot, give N 1e State Hosp	streer oddress)	d. STREET ADDRESS 1421 Moshe	r Stre	et			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First Gov	Middle ernor	Barnes	4. DATE OF DEATH	Mon	8	29	Yea 59
S. SEX Male	767	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1/6/98		P. AGE (In years lost birthdoy) 61 yrs.			UNDER 24 HR lours Min.
Labores	orking life, even if retired)	10b. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Slove Virgin:		untry)		S.A.	HAT COUNTRY
I3. FATHER'S NAME And	rew Barnes		14. MOTHER'S MAIDEN					
15. WAS DECEASEDE	VER IN U. S. ARMED FORCE (If yes, give war or dates of servi-	co)	INFORMANT Hospital Recoi	rds	Adde	ress		
Conditions, if		Perforation of	Tuberculous I	mtaativ	101			
couse (o), stotic lying couse (o)	ng the <u>under-</u> DUE TO	Pulmonary Tuber	culosis		,	EN IN PART		PERFORMED?
PART II. C	or the under DUE TO or (c) OTHER SIGNIFICANT CONDIT	Pulmonary Tuber	CULOSIS T NOT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART		WAS AUTOPS PERFORMED? ES MO
ZOE PART II. C	DUE TO St. (c) OTHER SIGNIFICANT CONDITION WAS UNDERLYING 20 NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Yeor	Pulmonary Tuber TONS CONTRIBUTING TO DEATH BU b. DESCRIBE HOW INJURY OCCURR 20d. INJURY OCCURRED 20e. P	CULOSIS T NOT RELATED TO THE TERM	Port I or Port	CONDITION GIV			PERFORMED?
DIVING COUSE TO: PART II. CO PART III. CO PART II. CO	WAS UNDERLYING 20 WAS UNDERLYING 20 CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Yeor 19 that Latjended the d	Pulmonary Tuber TONS CONTRIBUTING TO DEATH BU b. DESCRIBE HOW INJURY OCCURR 20d. INJURY OCCURRED While Not while of work of work of work ecceased fram 8/24 1959 And that deat	CULOSIS T NOT RELATED TO THE TERM ED. (Enter noture of injury in LACE OF INJURY (Home, for actory, street, office bldg., et 1951 , to h accurred at M.D. Crownsvil	Port I or Port 20f. (City 5/29 M, from t ADDRESS (Str.	condition GIV It of item 18.) or town)	that I last d an the state)	County)	rerecomed? Es M NO (Stot) he decease
PART II. C PART II. C 20a. ACCIDENT Y OR CONTRIBUTION OR CONTRIBUTION OF CON	WAS UNDERLYING 20 WAS UN	Pulmonary Tuber TONS CONTRIBUTING TO DEATH BU b. DESCRIBE HOW INJURY OCCURR 20d. INJURY OCCURRED While Not while of work of work 48/24 1959 And that deat Wyl Cafe Ward Cafe While State of the st	CCULOSIS T NOT RELATED TO THE TERM ED. (Enter noture of injury in LACE OF INJURY (Home, for octory, street, office bldg., et 1951, to M.D. Crownsvil Crownsvil OR CREMATORY	Port I or Port m, 20f. (City of City	condition GIV It of item 18.) or town)	that I lad an the state) al, Md or county)	county) st saw t date st	PERFORMED? ES NO (Stot

TO HOSPITAL OF VS A15 (4) 15M 9/5B

Act (Section) 10 de 4 the state of the s the state of the s 6291 CERTIFICATE OF DEATH

Rea. Dist. No.

06287

			Keg. Di	31, 110.
1. PLACE OF DEATH c. COUNTY Anne Arundel	MARYLAND 2. USUAL RI	SIDENCE (Where deceased live Maryland	b COUNTY A	ce before admission) a Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	OF STAY IN 16 c, CITY O	R TOWN (If outside corporote Annapolis	e limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Anne Arundel General Hospital		ADDRESS hipwright St.		e. IS RESIDENCE ON A FARM? YES NO 📆
3. NAME OF DECEASED (Type or print) William C.	Middle BENNING	4. DATE OF DEATH	June	Day Yeor 24 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE WIDOWED 1	R MARRIED B. DATE OF BI		AGE (In years IF UNDER last bighday) 76 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired)	11 11 .	IPIACE (Stote or foreign coun	try) 12. CITI	U.S.
Earl C. Benning	14. MOTHE	edericha L.	with	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	JRITY NO. INFORMANT Mrs. Ge	orgetta Be	Address 3	72
1B. CAUSE OF DEATH [Enter only one cause per line/for (q), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	and (c).]	Fibrilla	tim	ONSET AND DEATH
Conditions, if any, which gove rise to immediate (b)	rang JR	mbosis		3 was.
couse (o), stoting the under-	C TO DEATH SHIP NOT BELATED	TO THE TERMINAL DISEASE CO.	Chicago Civing the Base	T V-1 10 WAS ALITOPEY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION C				PERFORMED?
	NJURY OCCURRED. (Enter notur	e of injury in Part I of Port II	of item (B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUI Hour o. m. 19 While Not whi p. m. 19 at wark of wark	ile foctory, street, of	Y (Hame, form, 20f. (City or fice bldg., etc.)	town) (i	County) (State)
21. I certify that attended the deceased fram.	that death accurred	6, to 6-24	/	ist saw the deceased
ACTUAL SIGNATURE COME OF MANY A			t, city or town, state)	6/24/59
PHYSICIAN'S James R. Martin	2	nnapolis, Md.		
220. BURIAL, CHEMATION, 22b. DATE THEREOF 22c. NAME STATES	OF CEMPLERY OR CREMATORY		N (City, town, or county) NZPO/IS	(State)

eath. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fixed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. INDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OR

VS A15 (4) 15M 9/5B

The Country of the State of the The state of the s and the second s

Ge TO DEPUTY ME. It EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nearly, cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fulleral director rage forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the registrar prior to burief.

VS. A15ME(5) SM 9/55

or remayal.

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

06288

1. PLACE OF DEATH							d lived. If Institu		ice bef	ore admission)
Anı	ne Arundel		MARYLA		NewY		b. COUNT			W.
b. CITY OR TOWN (If	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	16 c. CITY O			orate limits, write			earest town)
Near Nor						klyn	6	9x-	3	
Rose Have		f not in hos	oital, give street address)	d. STREET		E. 7th	Street			o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	Fire	ł	Middle	Les		4. DATE	Month	1	Day	Year
(Type or print)	ARTH	TUR.		BERKO	DLDS	DEATH	Jun	e	26	1959
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRT	н		P. AGE (In years	IF UNDER 1	YEAR	IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED	Jan. 20	, 190	2	fost birthdays	Months C)cryrs	Hours Min.
	ON (Give kind of work of	lone 10b. K	IND OF BUSINESS OR INC	SUSTRY 11. BIRTHPI	LACE (State	ar fareign co	untry)	12. CITIZ	EN O	WHAT COUNTRY
				Laty	ria			Unk	no	wn .
13. FATHER'S NAME	Moor			14. MOTHER'S		IAME				
	Unknown		,	Unkno	wn					
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO. 1	7. INFORMANT			Address		*	
(ret, no, or unknown)	(is her fline ands os moses os s		3-24-9242	Leopold	Berko	lds 1	.55 Woodr	ruff B	roo	klyp, N.Y
PART i. DEAT 420. Conditions, if an gave rise to immed (a), stating the cause lost.	liote couse		onary Occlus			40.000		\	ONSE	T AND DEATH
ğ			NTRIBUTING TO DEATH BE					EN IN PART		P. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAU	NTRIBUTING 🗆	o. BEJGRIDE	THOSE TOOK! OCCURREN	s. frames notice of the	njory in ron	1 OF FORT II C	a tiem re.j			
20c. TIME OF INJURY HOUR O. m.	Y Month, Day, Yea	While		PLACE OF INJURY (factory, street, office	(Home, form, a bldg., atc.)	20f. (City	or fown)	(Cour	lly)	(State)
21. 1 certify th	at I taak charge	of the r	emains described a	bave, held an	Autapsy	20 In:	spection .	Inquiry		and find that
death resulted	from Natural	auses 🗵	, Accident ,	Suicide 🔲, 🕒	lamicide	D. Un	determined c	ause 🔲.		
ACTUAL	11/in. 11	100	4/	CHIEF	MEDICAL EX	AMINER []				DATE SIGNED
SIGNATURE	William III	A PARTY	0	M.D.		AL EXAMINER	69		6	/27/59
EXAMINER'S NAME (Type)	W: 774 am V	Torri	tt, Jr., M.I			XAMINER [O,	141/27
22g. BURIAL CREMATIO	N. 22b. DATE THEREO	F	22c. NAME OF CEMETERY	Ja.		- Lan	ION (City, lown, c	r county)		(State)
REMOVAL (Specify)		1959	Greenwood	Cemeterv		Brookl	2.4	,,		(3.0.0)
23. FUNERAL DIRECTOR			ADDRESS		240. REC'E	BY REGISTRUN 3 0	AR 24b. REGIS	TRAR'S SIGN	NATUR	Ε _
Wm. Cook,	Inc. 1217	St.	Paul St.		DATE	NH 3 0 1	Da C	ntima d.	Tha	MA

	THE PARTY			1
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1.0				
			E 1000	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT C	OF HEALTH—BALTIMORE, 18
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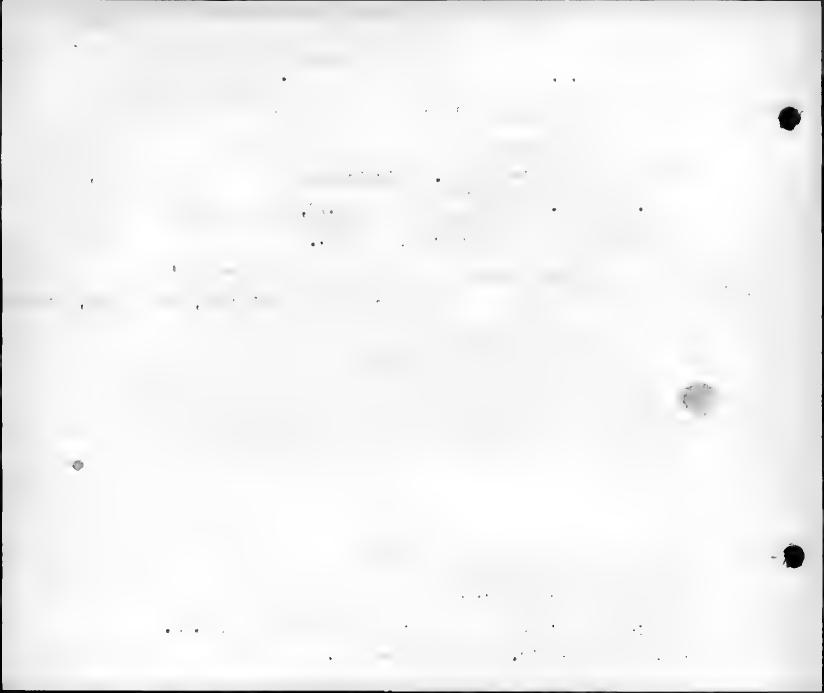
CERTIFICATE OF DEATH 6333

116289 Reg. Dist. No.

	1 PLACE OF DEATH o. COUNTY	1 600	2. USUAL RESIDENCE (Where			are admission)
	Anne Arundel	MARYLAND	O. STATE MARY	LAND 6. COL	NTY ST. MA	RY'5
	 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If out	ide corporate limits, wr	ite RURAL and give ne	rarest, town)
	Crownsville	6 MONTH	St. Inigoe	35	13 x 2	
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
						YES NO
	3. NAME OF DECEASED (Type or print) MAR U	EDITY	1 BIRCH	DATE OF DEATH JU		7, 1959
	5. SEX 6. COLOR OR RACE 7 MARR	RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In y	The state of the s	R IF UNDER 24 HRS
	FEMALE WHITE WIDOWS		FEB, 27,1	877 82		Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or	foreign country)	12 CITIZEN	OF WHAT COUNTRY
	House wife	Home	MARYL	4ND	u.	5, A
THE REAL PROPERTY.	13. FATHER'S NAME	7 / 7	14. MOTHER'S MAIDEN NAM	AE		
T	WILLIAM F. FOX	D	ALICE	PEM	BROK	(E
L	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16		NFORMANT		Address	
_		W.	Mace Birch	St.In	igoes,Mar	hland
	18. CAUSE OF DEATH [Enter only one couse per lie	ne for (a), (b), and (c).]	-2		IN	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	19257, 88	5 KRBR	1 pluses	RR	OLI MIND OLIMIN
	420.1 DUE TO		J.			10000
	Canditions, if any, which (b)	plenesal	reed AS	Cerrose	4:28 BC	" year
	gove rise to immediate cause (a), stating the under-	8	8			10-
	lying couse lost. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION	GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED?
	Y					YES NO
	UF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in Port	I I or Part II of item 18	.)	
		1 1	CE OF INJURY IHome, form, tary, street, office bldg., etc.)	20f. (City or lown)	(County) (Slate)
į	Hour o. m. 19 While at worl		iory, sices, office blog., etc.)			
	21. I certify that I attended the decease	ed from 11 - 9	1948 to 6	-13 19	5 Pihat I last s	nw the decease
	alive on 6 - 12 195	-9 and that death	occurred at 63077	M, from the cause		
	MAN O	7	-	DRESS (Street, city or to		DATE SIGNE
1	SIGNATURE ZOWN ROYM	a SID	10. 11 FAR	Aklin.	St.	
	PHYSICIAN'S EDITH RODE	LER TILD	ANNAP	olis	Mod,	AAG
	Burial (CREMATION) 726 DATE THEREOF 6/20/59	St. Micha	crematory 22 el's	d. LOCATION (City, to Ridge,	mn, or county) Mc	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNATU	JRE
	W. Clarke Mattingley L.	eonardtown,	MD. DATE HIN		Children & Kran	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 1IIM 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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executed

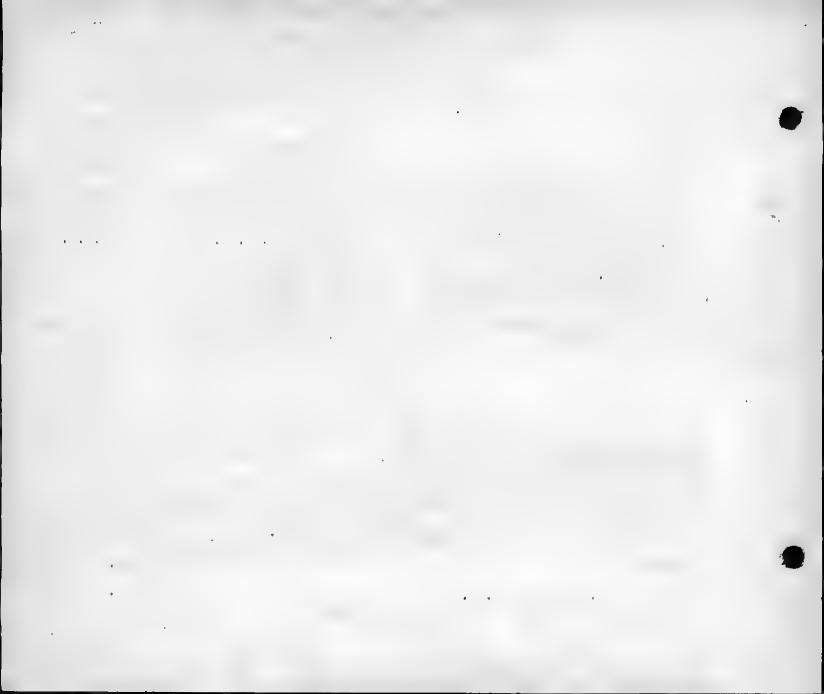
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certificate

death (

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





TO HOSPITAL OR

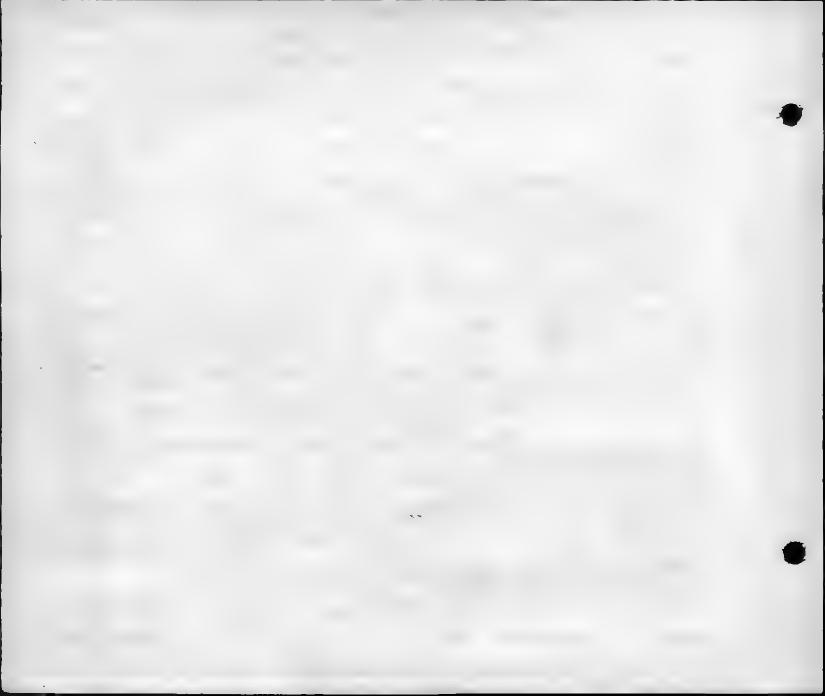
VS A1S (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6339 Team 2 CERTIFICATE OF DEATH

Reg. Dist. No.

06296

- II-			
	PLACE OF DEATH O. COUNTY P. A. CO. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence be o. STATE MARYLAND b. COUNTY A, A.	fore admission) Co ,
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest sown) SVILLE 3408 mos	c. CITY OR TOWN (If autside corporate limits, write RURAL and give n MILLER SVILLE	rearest fown)
	d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION SANNS NURSING HOME	CECIL Rd. (Correct)	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) BLANCHE Middle	CECIL 4. DATE Month CECIL DEATH JUNE S	Day Year 26 1959
1	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	APRIL 4, 1875 Ost birthdoyl Months Days	AR IF UNDER 24 HRS. Hours Min.
	00. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) HOUSE WIFE	ISTRY 11. BIRTHPLACE (Stole or foreign country) VIRGINIA U.	S. A.
	REV. CHARLES A. JOYCE	MARYHANK	
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or date of service) (Yes, no. or unknown)	ary Newberger - Milleralle	, med
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (r)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Corolany muffering	TERVAL BETWEEN NSET TO DEATH
	Conditions, if any, which gave rise to immediate cose (a), stating the underlying cause last.	- Anewerse Myserry	d spy
	Enly 17	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19, WAS AUTOPSY PERFORMED? YES NO
	UIF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Park (or Part II of item 18.)	
	20c. TIME OF INJURY Magth, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 White Not white of work 19 at work 1	LACE OF INJURY (Home, farm, 20f. (City or town) (County street, office bldg. felc.)	y] (Slote)
	21. I certify that I attended the deceased from and that death	occurred at 4000 m the causes and on the d	
/	ACTUAL SIGNATURE SIGNATURE SIGNATURE	ADDRESS OFFICE OF TOWNS THE PARTY OF TOWNS THE PART	DATE IGNED
ŀ	PHYSICIAN'S ODED TON, MARYLAND 20 BURIAL GREMATION, 225. DATE THEREOF 22C. NAME OF CEMETERY C	DR CREMATORY 22d LOCATION (City, lown, or county)	(\$tate)
	REMOVAL (Specify) MEMO 28-57 CLASS TO COME 23, FUNERAL DIRECTOR'S, SIGNATURE ADDRESS ADDRESS	- M. T On in . My	Flet.
	youm m Simple Sons Conneception	DATE JUL 1 '59 Challed J. Ka	



ecth. Poge 4

INDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

VS A15 (4) 15M 9/55

TO HOSPITAL OR

١,		0=1111110			Reg. Di	ist. No.	
	PLACE OF DEATH		- CTATC	(Where deceased lived	If institution, Resider	nce before ad	lmission)
L	Anne Arundel	MARYLAND	Md.		COUNTA		
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL ond	give nearest	town]
	Pasadena	8 mos.	<u> </u>	Pasadena			
	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	et oddress)	d. STREET ADDRE		-	0	RESIDENCE IN A FARM?
	Box 83A, Rte.2, Colon	ial Beach Rd	Box 83A,	Rte.2,Col	onial Bea	ich ye	S NOTE
1	NAME OF DECEASED THARIPOST I	RYIN C	CHANEY	4. DATE OF DEATH	JUNE TUNE	Doy Z	1959
	i. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AG	E [In years IF UNDER		INDER 24 HRS.
	Male White woo	WED DIVORCED	May 3,18	31 7	3 yrs. Monthly	Days Ho	ours Min
Ī	On USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	6. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (itate or foreign country)	12. CI	TIZEN OF W	HAT COUNTRY
L	during most of working life, even if rehred). Retired County Emp	loyee	Mar;	yland		USA	
Ī	3. FATHER'S NAME		14. MOTHER'S MAIL	EN NAME			
	Charles R. Chan				beth Your		
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? IT	6. SOCIAL SECURITY NO. 17. If	NFORMANT		Box 1949,		
	no none		liss Mati	lda Cook,	Pasadens		
	18. CAUSE OF DEATH [Enter only one cause per	line for (o), (b), and (c).]		0.5		ONSET A	L BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	YOCARDIAL	· FAILU	<u>KE</u>		24	reeps
	422.1 DUE TO				The selection of the se		E.4.0
	Conditions, if any, which gove rise to immediate	TEKIOSCIEKOI	IC CARDIO	WASCULAR	DISEASE	1 47	PHR
	lying cause lost DUE 10	ENERALIZE	D ARTE	RIOSCLER	0515	5 y	EARS
. 1	PART II. OTHER SIGNIFICANT CONDITION		NOT RELATED TO THE	ERMINAL DISEASE CON	DITION GIVEN IN PAR	RT 1(o) 19. W	AS AUTOPSY REORMED?
	S SE	NILITY					□ NO 💆
	OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED), (Enter nature of injui	y in Port 1 or Port II of	tem 18.)		
			CE OF INJURY (Home,	form, 20f. (City or to	en) ((County)	(State)
	Hour o.m. Wh	le Not while rock of work					
1	21. I certify that I attended the dece	ased fram JUNE 9	, 19 <u>58</u> , ta	MAY 22	., 19 <u>५२</u> ,that l	last saw l	the deceased
	alive an MAY 22 , 19	59_, and that death	accurred at 11	AM, fram the	causes and an	the date s	tated abave
	0 000 4 0 0 0	10		ADDRESS (Street, c	ly or town, slote)		DATE SIGNED
	SIGNATURE CETTLE Taule for	rd yr.	M.D. /110U	NTHIN R	D .		6-2-5
	PHYSICIAN'S ARTHUR LANK	FORD JR.	Pas	BADENA	MD.		
- [220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	((Stote)
	Burial 6/5/59	Meadowri	large	Howar	1 County.	Md	
	3. FUNERAL DIRECTOR'S SIGNATURE	1/KADDRESS/		REC'D BY REGISTRAR	24b. REGISTRAR'S SI	IGNATURE	
1	Hopping and Kirkley,	Glen Burnie,	Md. DAT	JUN 5 '59	Orthon 8	Kana	

sin, tip I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

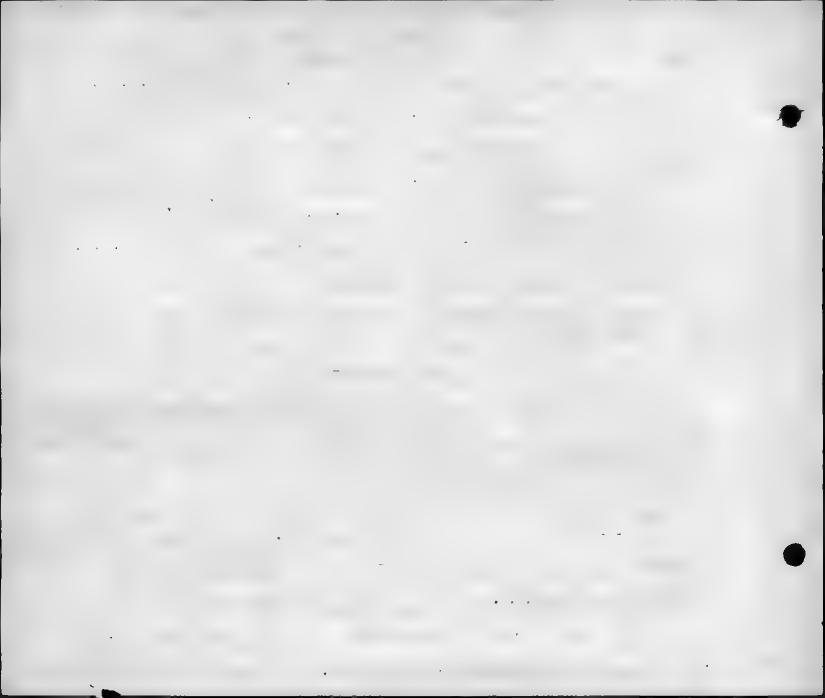
6341

		. 0047	CERTIFICA	AIE OF DEAIR	1		Reg. Dist.	No.	
}	1. PLACE OF DEATH a. COUNTY Anne	Arundle	MARYLAND	2. USUAL RESIDENCE (Who, STATE	ere deceased liv	ed If institution b. COUNTY	n: Residence	before admis	sion)
	RURAL and give n	If outside corporate limits, write earest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	viude corporate	limits, write RU	JRAL and giv	re nearest tow	n)
	Rivera d. NAME OF HOSPIT OR INSTITUTION	1 0301 TAL (If not in hospital, give street	oddress)	Pasalona de de la constanta de	Mg			e, IS RE	SIDENCE A FARM?
		8453 Bay Dr	lve	8453 Boy	Drive] 40[]
	3. NAME OF DECEASED (Type or print)	Lawrenc	Middle L.	Last	4. DATE OF DEATH	Monl	h	Day	Year
	5. SEX	6. COLOR OR RACE 7. MAR		Olntoley 8. DATE OF BIRTH		June AGE (In years	IF UNDER 1	YEAR IF UND	19 C O
	male	white www		Oct.10.189		(yr Sen		ays Hours	
	anitud most at work	ON (Give kind of work done 10b. king life, even if retired)			or fareign count	ry)	12. CITIZ	EN OF WHA	T COUNTRY
	Electric 13. FATHER'S NAME	rati 2	<u> </u>	It MOTHER'S MAIDEN N	<u>d.</u>		UU_,	S.A.	
	Samuel	Newton		Sarah Ann	_	on			
	15. WAS DECEASED EVE		SOCIAL SECURITY NO. 17.	NFORMANT	- NOTE OF	Addr	ess		
	no	none 21	4-20-1480 R	uth Clatcher	w wile	2453	Dow	Drive	
		ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary					INTERVAL BI	ETWEEN
	Canditians, if a	DUE TO	Coronary a	rtery- diseas	e			2 у	ears
	gave rise to i cause (a), stating lying cause lost,	mmediate (
3	PART II. OTE	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVI	EN IN PART 1	PERFO	AUTOPSY ORMED?
	N C	AS UNDERLYING 20b. DES G CAUSE OF DEATH MEDICAL EXAMINER;	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II a	of item 18.)			
	20c. TIME OF INJUR Hour a. r., p. m.	Y Month, Day, Year 20d. I 19 While at wo	Not while fo	ACE OF INJURY IHome, form, street, affice bldg., etc.	20f (City or	lown)	(Ca	unty)	(State)
	21. I certify the	at I attended the deceases		958 19 August					
	ACTUAL SIGNATURE	D40	land tot	7)	adoress (Street tchie H	city or town, t			ATE SIGNE
1	PHYSICIAN'S NAME (Type)	Otto Vogel M.D.		Glen B	urnie.M	d			
	220. BURIAL, CREMATIC — REMOVAL (Specify)	June 11.19	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	l (City, lawn, a		(Stat	le)
	23. FUNERAL DIRECTOR	0 0,110 11,17	19 New Sathe			lan Merid	e '≠ ∃∂ TRAR'S SIGN	ATURE 1	
	IRAL II	CANADA DAL LIGATOR A			9 84 REGISTRAR JUN 1 1 '5		TRAR'S SIGN Intling &		
	a delight of the de-	the state of the s	216 3 Chan	OF CL DATE	ANII I I A	4	when the	/www.	

TO HOSPITAL OR ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to hospital or attending physician.

TO IUNITAL DILECTOR: After this mentificate has been signed by the attending physician and completely filled in by the Acharam director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55





FOR STATE HEALTH DEPT TO DEPUTY MED EXTMINER: This certificate shoot I execute within 24 hours after death. If any delay is neck to please execute the certifier, writing the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funcial difference of should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bagyd of Health, or temoval, and in any event within 7 Apours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No. 12. USUAL RESIDENCE (Where decembed lived. If institution) Registeres before orderies.

	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased fixed If institution; Resi	dence before admission)
	Anne Arundel	MARYLAND	Mi. Prince Georges	
	b CHY OR TOWN (If outside corporate limits, write BURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL of	nd give nearest town)
	/Odenton Ft Meade	Few seconds	Riverdale /	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in he		d STREET ADDRESS	a is residence
F	Fort Meade Hospital		6715 Ingraham St. East Pine	YES NO 1
	NAME OF DECEASED (Type or print) Robert Paul Con	Middle rad	Lose 4 DATE Month of DEATH June 9th.	Day Year 19 59
5.	SEX 6 COLOR OR RACE 7. MARR	EDE NEVER MARRIED 8	DATE OF BIRTH 9 AGE (In years I F UNDE	R TYEAR IF UNDER 24 HAS
	M W WIDOWS	D DIVORCED	10/21/23 lori b. (Manths 35 yrs. Manths	Days Hours Min.
10c	. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (State or foreign country) 12 CI	TIZEN OF WHAT COUNTRY?
	during most of working life, even if retired) Employed at The U.S.N	ational Securi	ty Akron, Ohio.	JSA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Bernard J. Conrad		Nora C. Murphy	
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. IN	FORMANT Address	
		79-22-5410 Be	ernard J. Conrad (father)	
	18. CAUSE OF DEATH [Enter only one couse per line			INTERVAL BET WEEKS
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	oronary Occlus:	ion	Sudden
	4.20.1 DUE TO			
	Conditions, if any, which) (b)			
	gave rise to immediate couse			
	(c), stating the underlying DUE 10 (c).			
Z		ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PA	RI Not 19 WAS AUTOPSY
ĬĔ				PERFORMED? YES NO TO
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING TO CAUSE OF DEATH.	E HOW INJURY OCCURRED (E	nter nature of injury in Part I or Part 11 of item 18)	100 100
	CAUSE OF DEATH.			
MEDICAL	Hour o. m. Whil		(City or lawn) (City, street, affice bldg., etc.)	ounty) (State)
П	21 I certify that I took charge of the	remains described above	re, held an Autapsy 🔲, Inspection 🔽 , Inqu	iry 🔽 and n my
П	opinion death resulted from. Natural	causes 🚺 . Accident [, 66-1
ш	1			
	SIGNATURE Sustant Xten	enlest 41	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S		ASSISTANT MEDICAL EXAMINER	
	NAME (Type) Gustave H. Faube	rt.M.D.	DEFUTY MEDICAL EXAMINER 6/9/59	
770	BURIAL CREMATION ZZb DATE THEREOF	224 NAME OF CEMETERY OR		An (State)
3	min 612/59	Crainglose.	National arlington.	Virginia
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS AMA	CILIO 240 REC'D BY REGISTRAR \$ 246 REGISTRAR'S SI	IGNATURE/
n	allays truncial H	orno m	d. DATE JUN 1 2 '59 Chilles	0 4-
1000	8			



soth: Page 4

NOTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSETAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6343 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

06301

Ren Dist Me

										well missi or	**
1	PLACE OF DEATH o. COUNTY	A. A	· C0	MAI	RYLAND 2	O. STATE	DENCE (Wh	ere deceased live	d If institution b COUNTY	A A	fore admission)
b. EITY OR TOWN (If outside corporate limits, write fulfal and dive nearest town) 18 days						GITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTRUMENT HOME					3	1013 n. Carlton it					e. IS RESIDENCE ON A FARM? YES NO-
3 NAME OF DECEASED (Type or print) Show Croud						las		4. DATE OF DEATH	Month	367	Doy Yeor 75-9 19
WIDOWED DIVORCED					ED C 4	ATE OF BIRTI	1881	6 1	7 2 yrs.	Months Days	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) (A) (10-4)						STRY 11. BIRTHPLACE (State or foreign country) 12 CIT					S. A.
13. FATHER'S NAME											
	WAS DECEASED EV		MED FORCES? 16. or dates of service)	SOCIAL SECURITY N	O Su	CLE SUP	MAO	70 10137	Addre	1	_
MEDICAL CERTIFICATION		ATH [Enter on ATH WAS CAU IMMEDIATE	SED BY: CAUSE (a) Ar	ne for (a). (b). ond (a terioscler	1	eart d	isease	е		0	TERVAL BETWEEN
	Canditions, if a gove rise to cotte (a), stating lying cause last.	the <u>under-</u>	DUE TO	terioscler							? yrs.
	Elephan	tiasis	of both	legs due t	o veno	us thr	ombos:	is		N IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO T
	206 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	MEDICAL EXA	F DEATH MINER)	CRIBE HOW INJURY							
	20c. TIME OF INJU Hour a. m. p. m.	RY Month, (Doy, Year 20d. II While at wor	NJURY OCCURRED Not while	20e. PLACE foctory	OF INJURY (I	lome, farm, bldg., etc.	, 20f. (City or to	awn)	(Count)	r) (Stote)
	21. I certify that I attended the deceased from June 11., 1959, to June 29, 1959, that I lost saw the decease alive on June 20, 1959, 19, and that death accurred at 10:10PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S James M. Pair, M.D. Baltimore 23, Maryland										
220	BURIAL, CREMATIC REMOVAL (Specify	ON, 226 DAT		22c, NAME OF CEA	METERY OR C	REMATORY		22d. LOCATION		caunty)	(State)
23/	PUNERAL PIRECTO	S SIGNATURE	1346	ADDRESS O	Acres 8	1	24a. REC'D	BY REGISTRAR	24b. REGISTI	RAITS SIGNATI	JRE

'59

Orthur & Him



Reg. Dist. No.

ì	ANNE H	RUNIDEL	MARYLAN	me	culand	6. COUNTY	2. A.		
	b. CITY OR TOWN (If outside cor RURAL and give nearest town)	rporote limits, write	c. LENGTH OF STAY IN	16 c. CITY OR T	OWN (If outside corp	prote limits, write RL	RAL and give	nearest tows	n)
	BAR HAI	RBOR	7 YEARS	5 X	Ban Ha	clor			
	d NAME OF HOSPITAL (If not in		ddress)	, d. STREET A		-2		e IS RES	SIDENCE
_	JOKNSO	N RORD			Johnson	Mond			FARM?
3.	NAME OF DECEASED	First	Middle	n last	4. DATE	Mont	h	Day	Yeor
	(Type or print) / LOA	17	MAY	VANN	ER DEATH	JUN	E 10	0	1959
5. 5	SEX 6. COLOR	OR RACE 7 MARRI	ED NEVER MARRIED	B DATE OF BIRTH	1	P. AGE (In years last birthday)	IF UNDER 1 YE		
1	EMALE WA	175 WIDOWE	DIVORCED [JUNE	1, 1866	93 m	Months Day	's Hours	Min
10o	. USUAL OCCUPATION (Give kinduring most of working life, eve	nd of work done 10b. I	CIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPL	ACE (State or foreign o	ountry)			COUNTRY
	HOUSEWIFE		Home	. /	PIRGIN	IA	U	1.5.	好 .
13.	FATHER'S NAME	11		14 MOTHER'S	MAIDEN NAME				
	HENRY !	HARRISO	N		Un	known			
15.		ARMED FORCES? 16 5	4 4	7. INFORMANT		Addre	4		
,	NO	a or coler or smartel	NONE	EDNA GAL	SENHOLTZ	z BAI	a HBRI	30B,	MD
	18. CAUSE OF DEATH [Enter of	only one couse per line	e for (a), (b), and (c).]				11	NTERVAL BE	TWEEN
	PART I. DEATH WAS CA	LUSED BY. AT	CRIOSCLEA	OTIC (ARD	in HASCUI	AR Dis	CARE	NSET AND	DEATH
	1177	DUE TO	717000000000000000000000000000000000000	CANAL CANAL	[[] [] [] [] [] []		20-20-		7_16-100
	Conditions, if any, which]	1							
	gove rise to immediate	(b)							
	touse (a), stating the <u>under-</u> (lying couse lost.	DOE 10							
Ž		CANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVE	N IN PART 16	I 10 WAS	AUTOPSY
ATIC		4-1			THE TANKETH OF THE BUT OF THE		a a n a t cut i the	PERFC	RMED?
HIC	20a. ACCIDENT WAS UNDERLY	ING FI 206, DESC	RIBE HOW INJURY OCCU	IRRED (Enter noture of	Linuxy in Port Lor Po	rt II of item 18)		163	NO L
CERTIFICATION	20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL E)	OF DEATH XAMINER)	mor not not occ	Action Course to the co					
CAL	20c. TIME OF INJURY Month,	Day, Year 20d. IN	JURY OCCURRED 20e	PLACE OF INJURY II	tome, form, 20f (Cit	y or lawn)	(Coun	(עי	(State)
MEDICAL	Hour o.m. p. m.	19 While of work	Nat while of work	factory, street, office	bidg., etc.)				
	21. I certify that I atter	nded the decease		UNE, 19592	, to JUM	16,19.59	that Llast	saw the	deceased
	olive on Ju	NE 10, 195	f, and that de	oth occurred at.	5:15 P.M. from	m the causes of	nd on the c	date state	ed obove
	1		1)			itreet, city or town, s			ATE SIGNED
	ACTUAL SIGNATURE	rader o	bouth	M.D. 847	71 FT. SM	ALLWOOD	o Koi	40	
	110	h			7		The state of the second	K-W	
	NAME (Type) . BRA	DY JMIT	<i>H</i>		ASADEL	VA M	D		HEMBEL ON
220	BURIAL, CREMATION, 226. DA	ATE THEREOF	22c. NAME OF CEMETER	Y OR CREMATORY	22d. LOCA	TION (City, town, or	r county)	(Stot	e)
	Burial 6-	20-59	Reformed		Kr.	oxville	Marvi	band	
23.	FUNERAL DIRECTOR'S SIGNATUI		ADDRESS		24o. REC'D BY REGIS	TRAR 245, REGIS	TRAR'S SIGNA	TURE	
1	3. KU TUL	Brunsw	ick, Maryls	und	DATE JUN 1	8 '59 (Inthun S.	Kraus	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



M	. 6294 CERTIFICATE OF DEATH Reg. Dist									
within 72 hours offer death	1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Anne Arundel								
= 0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
5	Annapolis 2 months	Annapolis								
051	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?								
	U.S. Naval Hospital	Box 388, Route # 3 YES NO 10								
	3. NAME OF First Middle DECEASED (Type or print) Charles Covode	DAVIS 4. DATE Month Doy Year DEATH June 23 19 59								
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
_ [Male Caucasian WIDOWED DIVORCED	4 September 1887 71 yrs. Months Doys Hours Min.								
	10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR IND during most of working life, even if retired) U.S. Navy Retired	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY: Gaithersburg, Maryland U.S.								
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Charles D. DAVIS	Sanah H. COVODE								
	(Yes. no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address								
	Yes 36 years	U.S. Naval Hospital, Annapolis, Maryland								
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Thrombosis Abd.	ominal Aorta Interval Between onset and Death 5 days								
	45/X DUE TO									
	Conditions, if ony, which) (b) Arteriosclerot	ic Aneurysm								
	gove rise to immediate couse (a), stating the under-									
	lying couse lost. (c)									
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU PROUMONITIS TOTAL	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1								
	E OR CONTRIBUTING ☐ CAUSE OF DEATH	ED. (Enter nature of injury in Part & or Part II of item 18.)								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	EACE OF INJURY (Home, form, octory, street, office bidg., etc.) (City or town) (County) (Stote)								
5	21. I certify that I attended the deceased from 30 April.									

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06303 Rea. Dist. No. n: Residence before admission) Anne Arundel IRAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO Day Year 19 59 IF UNDER I YEAR IF UNDER 24 HRS. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S. lis. Maryland INTERVAL BETWEEN ONSET AND DEATH 5 days N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IN NO (County) (Stote)

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, "BEMOVAL (Specify)

HOCHMAN MC USNR 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, Igwn, or county)

U.S. Naval Hospital, Annapolis, Md.

(State) a.

PUNERAL DIRECTOR'S SIGNATURE

ADDRESS!

24g, REC'D BY REGISTRAR DATE JUN 2 9 '59

., 19.59 ____, and that death accurred at 2:00 PM, from the causes and an the date stated above.

24b. REGISTRAR'S SIGNATURE arthur & Kinus

VS A15 (4) 15M 9/55



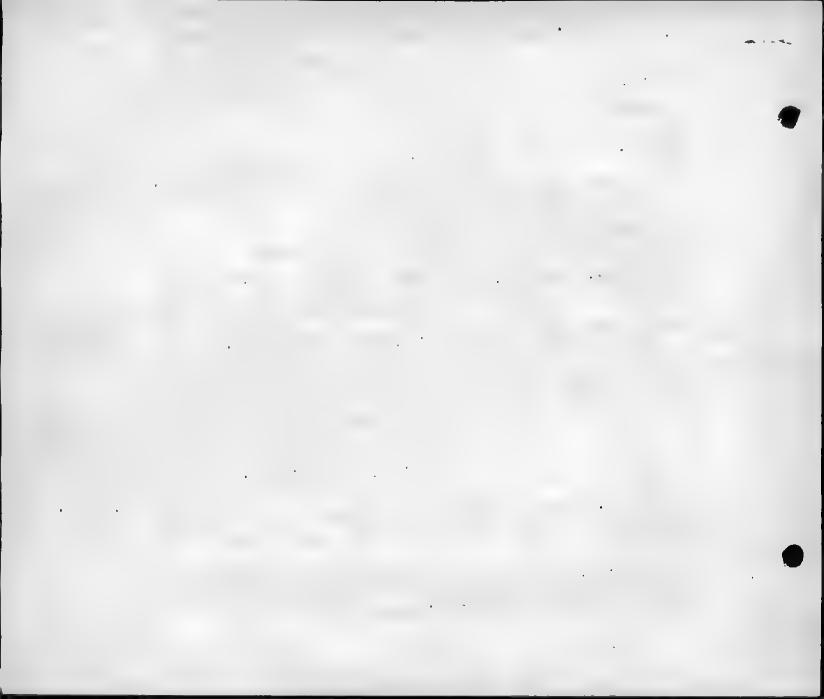
	Ιt	em 18 Fi	1m 2MARYLA	ND S	TATE DEPARTME	NT OF HEAL	TH-BALTIMO	DRE, 18	06304
ATE			6345 MED	ICA	L EXAMINER'S	CERTIFICA	NIE OF DEA	Reg. Di	st. No
DEPT.	1, 3	LACE OF DEATH					(Where deceased lived		nce before admission)
Anı	8	Arundel			MARYLAND	Same	Same		and the second s
	la	. CITY OR TOWN HE and give nearest fown	auts de carporate : mits, write RU)	tal	c LENGTH OF STAY IN 16	c CITY OF TOWN	(If autside corporate lim	ets, write RURAL and	give neorest town)
		esaups			13 Month				T T T
	9	. NAME OF HOSPIT	AL OR INSTITUTION (II no	it in hos	oital, give street address)	STREET ADDRESS			ON A FARM
		ld Annapo			A44.4 IV	Same	A matter	Printer Victor Bills Victor	AE2 🔲 NO 🚨
	1	OFCEASED Type or print)	Patricia Ann	e Da	Middle Vis	Losi	4. DATE OF DEATH JE	me 28th.	19 59
1	5. \$	EX			D NEVER MARRIED 8	DATE OF BIRTH	9 AGE last bet	A years IF UNDER	TYEAR IF UNDER 24 HRS
		F	<u> </u>	DOWEL	ا سیا	4/19/59		yrs. Menths	gys Hours Min
	100	USUAL OCCUPATION	DN (Give kind af wark doning life, even if refired)	106 K	IND OF BUSINESS OR INDUSTI	· ·	* "	12. CITI	ZEN OF WHAT COUNTRY
	ļ		None (retired)	<u> </u>	None	Baltimo			USA
		FATHER'S NAME	Thomas Domán			14 MOTHER'S MAIDEN			
	J		lbert Davis	ro lu	COCH SECHOLOVINO 112 M	Mar. Brief. T.	e Perkins		
		MAY DECEASED EA	(If yes, give war or dates of servi-	No.			ite Davis (Mother)	
		an callet or ore	TH [Enter only one couse	ДО		T. D. LIGT Effet	TOO DAVID	TO MIGIT	TINTERVAL BETWEEN
			TH WAS CAUSED BY:		Undetermined				ONSET AND DEATH
		795 5	IMMEDIATE CAUSE (o)		Olide oct malied				
		Conditions, If a	DUE TO						
		gave rise to immer	diate cause						
		(o), stating the cause last.	(c)						
	3	PART II. OTI	TER SIGNIFICANT CONDITI	ONS CC	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDI	TION GIVEN IN PART	1 1(a) 19. WAS AUTOPSY PERFORMED?
4	CATION								YES NO K
	CERTIFI	20g EXTERNAL CAN	USE WAS 206 E)ESCRIBI	HOW INJURY OCCURRED (E	nter nature of injury in P	ort I ar Part II of Hem 1	8.)	
	I	CAUSE OF DEATH.		1					
	MEDICAL	20c. TIME OF INJUI		While	Not white facto	JE OF INJURY (Home, to rry, street, <mark>affice bldg.,</mark> a	irm, 20f (City or town)	(Cou	inty) (State)
	ž	p, m.	19	of wo					
		_	~		emains described abo			1	f legal /
		opinion death	resulted from: Na	lur a l d	auses . Accident [, Suicide [],	Homicide [_],	Undelermined n	honner [_]
		ACTUAL	(Y 000)	1	Tisher	CHIEF MEDICAL	EYAMINE ITS		DATE SIGNED
		SIGNATURE	· Miner		0 12 1000	_	ICAL EXAMINER		
		EXAMINER'S NAME (Type)	Russell S. H	ish	er. M.D.	DEPUTY MEDICA	_ —	Ju	ne 29. 1959
	220	BURIAL, CREMATIC	ON, 226, DATE THEREOF		22c NAME OF CEMETERY OR	CREMATORY	22d LOCATION (Cit		(State)
		BOM JEL A	6/30/5	9	Glen Have	n Memoria	Glen E	Burnie. 1	Wa
	23	FUNERAL DIRECTO	S STUNATURE	ej	/ADDRESS			46. REG STRAR'S SIG	
	HE	क्षेत्र शास्त्र क्ष	nd Kirkley	G]	en Burnie, I	DATE.	111 2 159	Orthug &	Kraus
		-			**			71.7	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 063066346 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EAD STAT Ren. Dist. No. HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) A COHNTY b. COUNTY files. Health. MARYEAND Anna Arumdell Same b. CITY OR TOWN III autistic recessors have acute \$11241. CLENGTH OF STAY IN 15 c. CITY Of TOWN (If outside carparate limits, write RURAL and give negrest town) 20 years Pasadena Same d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO P Whiteford Rd. Same 3. NAME OF 4 DATE Middle DECEASED (Type or print) DEATH Roy Hammer Dicker June 11 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE IIn years IF UNDER LYEAR IF UNDER 24 HRS last birthdayl Months WIDOWED [7] DIVORCED T Page 5 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or forman country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) W. Virginia TISA TO FATHER'S NAME 14. MOTHER'S MAIDEN NAME - A.Dickenson Textie Hammer 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. Address Papers found on deceased World I 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] DATERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wounds of the head Office o DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 🗍 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) Shot self 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Slote) factory, street, office bldg., etc.) While Not while of work I Anne Arundel Md. Pasadena Home 2). I certify that I took charge of the remains described above, held on Autopsy [4]. Inspection [7], Inquiry [7], and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EX William V. Lovitt, Jr., M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 270. BURIAL CREMATION. 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) 7 2 246. REGISTRAR'S SIGNATUR

Calmer & Kross

VS. A15ME 5M 2/57





FOR STATE HEALTH DEPT.

A

TO DEPUTY MEDY EXAMINER: This confictors should be executed within 24 hours after death. If any delay is need by please execute the cert. ... e. writing the ward "pending" in pendi is them 18. Give Pages 1, 2, and 3 to the funeral did to he should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to barial, cremation, ar removal, and in any event within 72 hoary offer. Seath

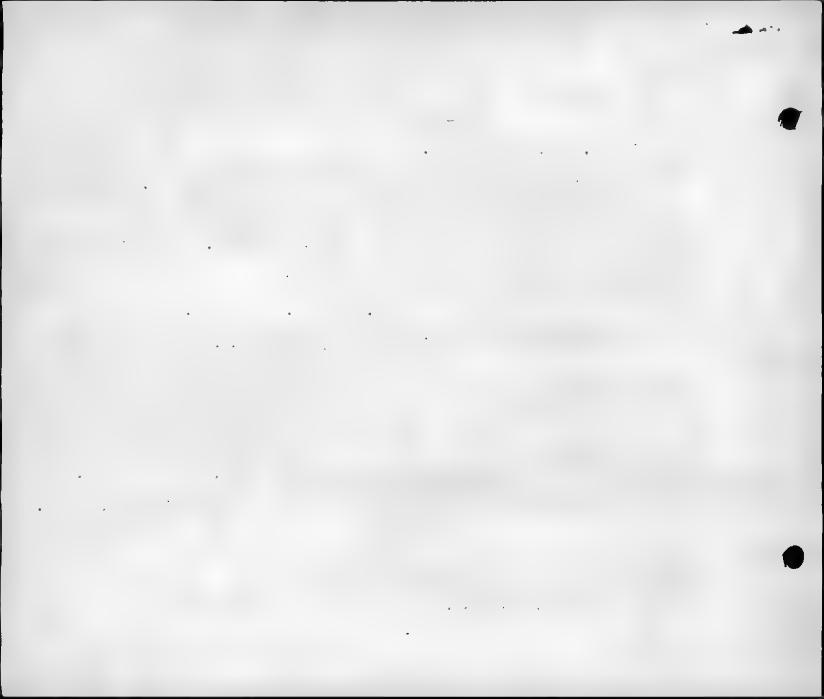
/S A15ME 5M 2,57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06308

Reg. Dist. No.

т. –		LACE OF DEATH		2 MELLAL DECIDENCE OF	Observation of the state of the state of	A . Maria de la companya de la compa
		. COUNTY		9. STATE		ution Residence before admission)
•		Anne Arundel	MARYLAND	Same	Same	T .
ij	i.	. CITY OR TOWN (Il entitle corporate I mits, write RERA, and give negrest town)	c. LENGTH OF STAY IN 16	فانتفادها أكان والمستوالية ا	outside corporate limits, write	RURAL and give nearest town)
/	H	en Burnie	1 year	Same		
		. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		, d. STREET ADDRESS		e IS RESIDENCE
2	9.	NO. 43-4 D.1 (1	The A	/		ON A FARM?
		27 Alview Rd. Country Club	Estate	Same		TES [] NO []
		NAME OF First PECEASED	Middle	Lost	4. DATE Mont	h Day Yeor
1		Type or print) Michael Edward	Dovle		DEATH June 30	Fb 19 50
	5. 5			DATE OF BIRTH	9 AGE (In years	IF UNDER TYEAR IF UNDER 24 175
- 1		M WIDOWED		2/1/52	7 yrs	Months Doys Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b. KI	ND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ď	uring most of working life, even if retired) None		Frankfurst.	Germany.	Naturalized USA
	13	FATHER'S NAME		14. MOTHER'S MAIDEN I		
		ster parents:Warren Grantv		Viva Parle		
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S. no. or ordinary) [1] yes, give won or dolor of survice)	OCIAL SECURITY NO. 17. IN	FORMANT	Address	
		No N	one Mr.	Warren G.Do	yle (foster fa	ather)
		18. CAUSE OF DEATH Enter only one couse per line for	or (a), (b), and (c).			TINTERVAL BETWEEN
		PART I, DEATH WAS CAUSED BY. TO TO CO	trocution, whil	e pleming w	th TV	Sudden
		MAMEDIATE CAUSE (6) 1516C	MI OCULOTOIL WITT	o braving w.	COLL TAVA	Danger
	7	7/11_0 DUE TO				
		Conditions, if ony, which) (b)				
		gove rise to immediate cause ((0), stating the underlying (DUE TO				
		couse fost.				
	z.	PART II, OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAUDISEASE CONDITION GIV	VEN IN PART IIA) 19 WAS AUTOPSY
n	121	7,111			The state of the s	PERFORMED?
O	RTIFICATION					YES NO A
	1	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	HOW INJURY OCCURRED (E	nter nature of injury in Far	I for Port II of Item 18.)	
	Ü		laying with th	a hack part	of T.V. and with	th antenna.
	3		NJURY OCCURRED 20e PLAC	E OF INJURY (Home, form	. 20f (City or fown)	(County) (State)
	MEDICAL	Hour o.m. Chooles While	1401 Million	ry, street, office bldg , etc.		. 4.4 363
	₹ '		k at work to Home		Glen Burni	
		21. I certify that I took charge of the re	emains described abov	re, held an Autops	y 🔲, Inspection 🛣	, Inquiry 🐹 , and in my
		opinion death resulted from: Natural co	ouses 🔲, Accident 🛭	🕽, Suicide 🔲, I	Homicide 🔲. Undete	ermined manner
		1	1	_	_	
		ACTUAL YJUSTON	A. All	CHIEF MEDICAL EX	IAMINER [7]	DATE SIGNED
2		SIGNATURE	Cico-Cicy i	_M.D. ASSISTANT MEDIC.	_	
200		EXAMINER'S	1 1/ 5			70
		NAME (Type) Gustave H. Fauber		DEPUTY MEDICAL		
	270	BURIAL, CREMATION 226 DATE THEREOF	77c NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, fown,	or county) (State)
	C	REMATION 7/3/59	LOUDON	PARK	1 BAltingo.	pp, 171d.
	23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC"	D BY REGISTRAR 246. REGI	STRAR'S SIGNATURE
	1	loop interior	Glen Bux	DATEILLI	6 '59 Co	1 . 0 10
	4	SAME TO THE TOTAL	- 7 7 7 7 7 7 7	וטעייי	- V CM	Lug & House



1		Item 20 Film 245 MEDICAL EXAMINED'S CERTIFICATE OF DEATH
FOR STA	ATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH D	EPT.	1. PLACE OF DEATH o. COUNTY MARYEAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY D. A. COUNTY D.
Heolin.		b. CITY OR TOWN (If outside corporate limits write RURA. on give nearest lown) ATMAPOLIS C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ATMAPOLIS
for 70 spect o	- 4°4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS. REJ. D1'S. F. ON A FARM.
oy is oined oined fore B	ě	3. NAME OF First Myddle Loss A. DATE Month Day Year
the full the full the full the full the Silver de let de l		(Type or print) /homas L. Ewing DEATH 6 27 1959
may b may b with		5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B B DATE OF BIRTY WIDOWED DIVORCED 1953 23/52 Sex Months Days Have Min.
2, on 2, on 0ge 5 ond 3		100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or (oreign country) 12. CITIZEN OF WHAT COUNTRY dying most of working life, even if retired)
	F	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
re Poges	ب	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
		(100, no, or uninoun) (1 you, give war or dates of service) NONE L.E. EWING-FATHER -SAME
ong w		18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:
in the	/	9298 BUR TO
Sencial Official rights	*	Conditions, if any, which to go gove rise to immediate cause
in in in it		(a), stating the underlying DUE TO
Exon Fron Fron Od as		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
dicol dicol	0	YES NO. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of Item 18.)
word Mard Merid		While swimming
Store Store	100	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. m. 6/27/59 19 of work of wo
r fing o the Poge prior		21. I certify that I took charge of the remains described above, bold an Autopsy , Inspection , Inquiry , and in my
ded a		opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
orword HRECI		ACTUAL SIGNATURE (Lunchwelt M.D. CHIEF MEDICAL EXAMINER ()
the cell be fo	64	EXAMINER'S E / 6 20 14. ASSISTANT MEDICAL EXAMINER []
transporter of the control of the co	. 1	PAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, town, or county) (State)
5 4 5 2	1	BUNCIAL G/30/54 LOUDON PARK BALTO, MA. 23 FUNERAL D RECTOR'S SIGNATURE ADDRESS A 240, REC'D BY REGISTRAR'S SIGNATURE
S. ATSME BM 2/57	4	Wille Parke Leadley, Dundock Md. DANUN 30'59 Contag & Kenne



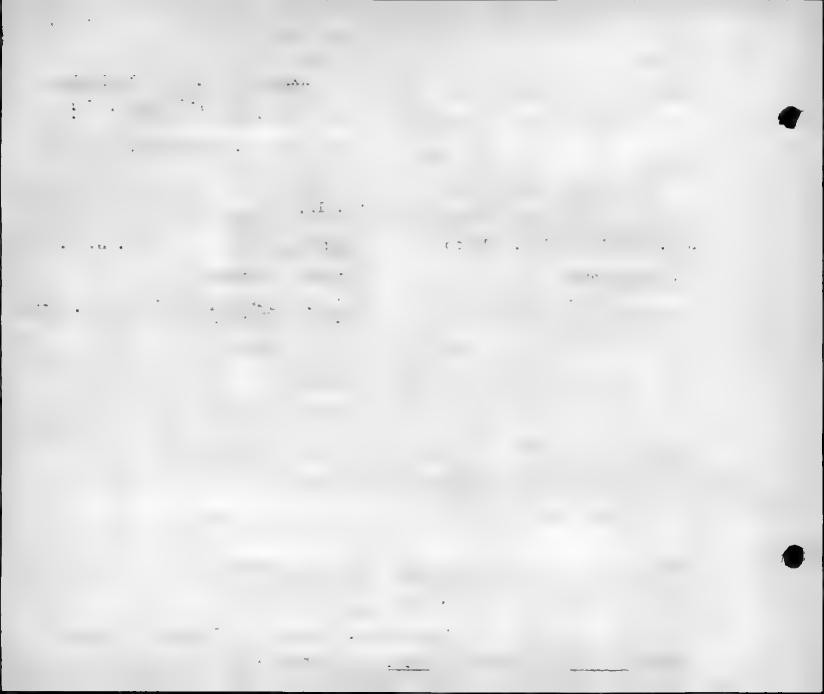
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06310 tem 1 FilmG244 7-7-59 © CERTIFICATE OF DEATH 6349 Reg. Dist. No. director, iled with 2. USUAL RESIDENCE (Where deceased lived. If institutions pedidence before admission 1. PLACE OF DEATH o. COUNTY o. STATE filed ed **b. COUNTY** b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld d_NAME . IS RESIDENCE ON A FARM? rivate home YES NO NAME OF Yeor DECEASED (Type or print) 5. SEX & COLOR OR RACE MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HE Doys Hours DIVORCED [7] WIDOWED | 100. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? House f retired) Own Home ofter 13. FATHER'S NAME 14 MOTHER'S physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. "No 1B. CAUSE OF DEATH [Enter only one couse per line to (a), (b), and (a) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o). requires that the DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDIT ONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISTASE CONDITION BIVEN NEART 1(0) 19. WAS AUTOPSY buriof-tr PERFORMED? YES T NO E 20b. DESCRIBE HOW-INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o. m. While Not while of work at wark 21. I certify that I attended the deceased fram_ 19 4 that I last saw the deceased detoch alive on and that death accurred M, from the causes and on the date stated above. ACTUAL should PHYSICIAN'S NAME (Type) Jose M. Yosuico M. Jessun TO FUNER ന 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Eninhany Cemetery Forestville. Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR Ritchie Bros. arilan & Krous Upper Marlboro. Md. DATEJUN 3 0 '59



ary, please exe-age 4 should be

ond

ward



}			OEK (III 10)	TIL OI DE			Reg. Dist, No.	
1	1 P	LACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDEN	ICE (Where decea	sed lived. If institut b. COUNTY		re odmission)
	t	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	NGTH OF STAY IN 15	c CITY OR TOV	NN (If outside cor	porote limits, write I	RURAL and give nec	arest fown)
	6	s. NAME OF HOSPITAL (If not in haspital, give street addres OR INSTITUTION	1)	d STREET ADD	RESS			e. IS RESIDENCE ON A FARM? YES NO
	L	NAME OF SECENSED SALLE M	ARY Middle	FORD	4. DATE OF DEAT	+ June	26	19.5 9
	5. \$	emale white widowed	DIVORCED 🗍	April 12		9. AGE (In years last birthday) G yrs.	Months Days	Hours Min
		USUAL OCCUPATION (Give kind of work done) 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDU	Phila	E (State or foreign	country)	13 CITIZEN C	DE WHAT COUNTRY?
	13. I	ONN BULL		MAR 9	TA)	LOR		
		WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIA		Ida Atwo	oll Sh	1 dys/de	e M	d.
		18. CAUSE OF DEATH Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(0), (b), and (c).)				ONS	ERVAL BETWEEN SET AND DEATH
		Conditions, if any, which	Knouin_					
		gove rise to immediate cause (a), stating the under- lying couse lost,						
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO TH	IE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(a)	PERFORMED?
		200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of in	jury in Port I or P	art II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 19 While to work 19		ACE OF INJURY (Hor ctory, street, office bl		ily or town)	(County)	(State)
		21. I certify that I attended the deceased fralive on Tusse 26, 19 59		3., 1959, 1 occurred at 11.			•	ow the deceased
P.		ACTUAL Typellard F //	ith	MD. 5A		(Street, city or town,		DATE SIGNED
21		PHYSICIAN'S WILLARD F.	SMITH,	MD				
	220.	DURINI 6/29/59 5	NAME OF CEMETERY O	R CREMATORY	224 100	ATION (City, town,) AOYS 10	2 NA 2	(Stole)
	23	EUNERAL DIRECTOR'S SIGNATURE	DORESS Le Les	4	o. rec'd by regi ate JUL 2		Athur S. Kra	

may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after depth. FINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss after

death. Page 4

X

TO HOSPITAL OF



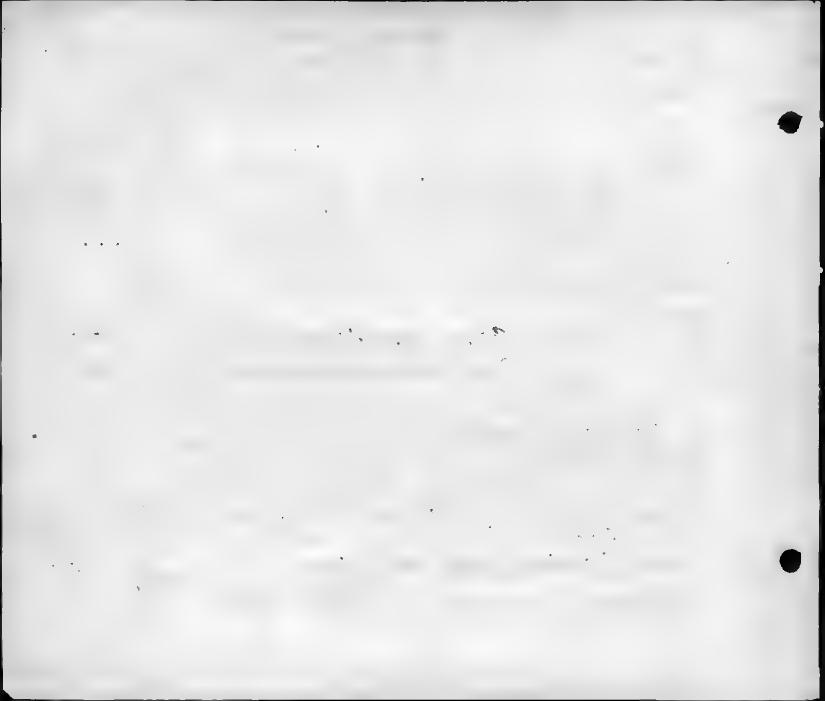
		. 0400	R	Reg. Dist. No.				
	. PLACE OF DEATH COUNTY Ann	ne Arundel	MARYLAND	2. USUAL RESIDENCE o STATE Mary		ed. Il institutioni b. COUNTY Anne A		admission)
ľ	b. CITY OR TOWN I RURAL and give n	If outside corporate limits, write earest town	c LENGTH OF STAY IN 16		(If outside corporate			est town)
ŀ	d. NAME OF HOSPI	TAL (If not an hospital, give street	oddress)	, d STREET ADDRES	adena :			. IS RESIDENCE
L	OR INSTITUTION The Anne	Arundel General	Hospital	Rt. 9.	Box 273			YES NO
	DECEASED (Type or print)	first Josephin	Middle e R.	tos Frank	4. DATE OF DEATH	Month June	Day 6	Year 19 59
	5. SEX	6. COLOR OR RACE 7 MARR		B. DATE OF BIRTH	9. /	AGE (In years IF	UNDER I YEAR	F UNDER 24 HRS
	Fermale	White woow	_ /	Sept. 30,		ast birthday) M	ionths Days	Hours Min.
	On. USUAL OCCUPATI	ON (Give kind of work done 10b. king life, even if retired)			lote or foreign count	ry)	12. CITIZEN OF	WHAT COUNTRY
	5ALES	LAde	Dept. STore				U.S.A	4.0
Y	3. FATHER'S NAME	. / = 8	. , ,	14. MOTHER'S MAIDI	N NAME	,		
V.	19 EN-1 A,	7 7 7 7		MARY	A. C.O.	(C	1.4-1-73	
1	(Yes, no or unknown)	ER IN U. S. ARMED FORCES? 16 (If yet, give was er dates of service)	SOCIAL SECURITY NO. 17 1	NFORMANT	1 En.	Address	777.7-	13 of 27
-	// c		<u> </u>	". NILLIAM .	M. F. N'AW	4	FASA	den A. N
		ATH [Enter only one couse per lin ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	FRERRA	HEMOR	RHAGE	_		AND DEATH
-		DUE TO				,/		
	Conditions, if a		SKEBRAL 19	RIERIO	SCHERO	1515	Un	Knieun
	gave rise to i							
	lying couse lost.	(c)						
	PART II. OT	HER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TI	RMINAL DISEASE CO	ONDITION GIVEN	IN PART 1(0) 19	WAS AUTOPSY PERFORMED?
	5 11/14	BETES M.	ELLITUS					YES 🔲 NO 🔐
		AS UNDERLYING () 206. DES	ERIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Fort II o	of Hem 18.)		
	20c. TIME OF INJUS Hour o.m.	RY Month, Day, Year 20d. II While at work	Not while for	ACE OF INJURY (Home, ctory, street, office bldg.,	form, 20f. (City or elc.)	town)	(County)	(Stote)
	21. I certify t	hat I attended the deceas	ed from 15/UN	E., 1959, 10	6 JUNE	1957 1	hat I last say	w the decease
1	alive on	SUNE 195	7, and that death	accurred at 73	4			
ł	1	02	IR A	1 /		acity or lawn, sta		DATE SIGNE
. 1	ACTUAL	Scalletta >	4 July	M.D. 26	rulki	sale (due	61615
	PHYSICIAN'S NAME (Type)			Uns	ruboli	o m	d	,,,,,
	BURIAL, CREMATIC SEMOVAL (Specify		Baltinole	R CREMATORY	Bala	V (City, town, or a	ounty) gar	(State)
2	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR	24b. REGISTR	AR'S SIGNATURE	
	S. Tra	man de	heart	DATE	UN 8 '59	arthus	& House	
C		40 1						

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by more all director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL O

death: Page 4

VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/5B

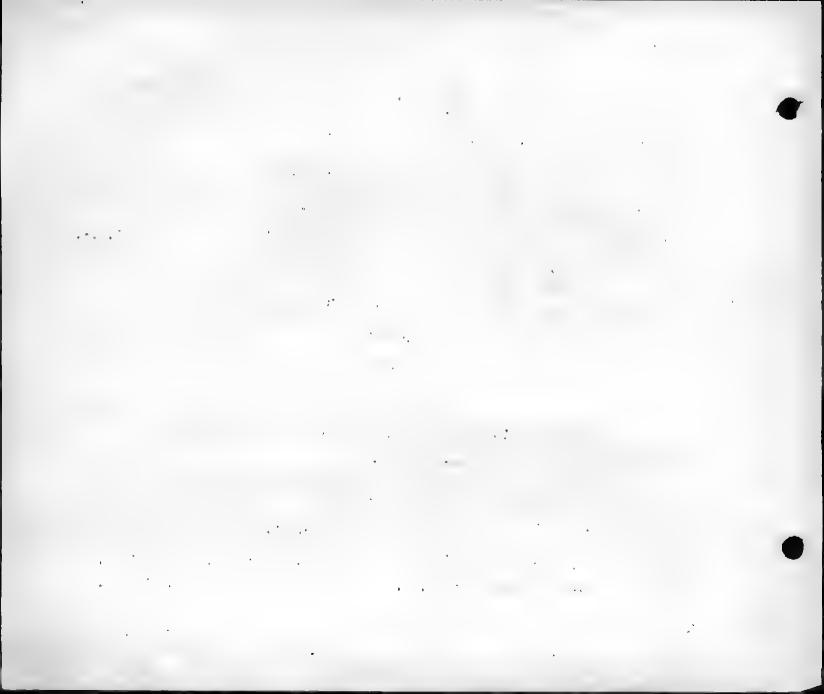
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6352

CERTIFICATE OF DEATH

06314

Reg. Dist. No.

)	PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who of STATE Maryland		If institute COUNTY Char		efare odmi	is an)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) Crownsville	9mo 23 days	E CITY OR TOWN (IF or LaPlata	utside carporate li	mils, write R	URAL and give	nearest tax	m)
3	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Crownsville State Hospital		d. STREET ADDRESS				ON	A FARMS
	3. NAME OF DECEASED (Type or print) First Helen	Middle Lena	Gainor	4. DATE OF DEATH	Mon 6	th	30	Year 19 59
	6. COLOR OR RACE 7. MARRI Female Negro WIDOWE		B. DATE OF BIRTH 4/22/15	9. AC	E (In years birthday) 44 yrs.	Manths Da	_	1
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPIACE (State of Maryland	or fareign country			OF WHAT	COUNTRY
13. FATHER'S NAME Charles Pryor Unknown								
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT Hospital Recor	ds	Add	ress		
	IB. CAUSE OF DEATH [Enter only one cause per lime. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), starting the under-lying cause last. [c]	Heat Exhaust Dehydration	ion				NTERVAL B	ET₩PEN DEATH
	Part II. OTHER SIGNIFICANT CONDITIONS CO Catatonic Schizor		ic Cirrhosis			'EN IN PART I	PERF	AJTOPSY ORMED?
		Not while for	ACE OF INJURY (Hame, farm, clary, street, office bldg., etc.		wn)	(Cour	nly)	(State
	21. I certify that I attended the decease alive an 6/30 / 19 5 ACTUAL SIGNATURE Company PHYSICIAN'S Light and McHenry	9 11 and that death	, 1948, ta 6 accurred at 3:05P. M.D. Crownsvil Crownsvil	M, fram the on ADDRESS (Street, on 18 State	auses and ity or town Hosp:	state) ital, Md	ate state DA	deceased abave to signer /1/59
	PAME (Type) 22c. BUR AL, CREMATION, 22b DATE THEREOF, REMOVAL (Specify)	22c. NAME OF CEMETERY O	this file marrier outs also done and file sale due 1889-1889 (see alth 4	22d LOCATION				nte)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 4804/G	Nu 24a. Rail	Be REGISTING	24b. REGI	STRAR'S NGM	TURE CALL	



MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No Itom 9 ky imb/43 os 12-19 of 2. USUAL RESIDENCE (Where decedeed lived. If institutions, Residence before admission) PLACE OF DEATH o. COUNTY K COUNT) to buriol, CITY OR TOWN III autude corporate limits Furthe BURAL c. LENGTH OF STAY IN 16 CITY OR TOWN (If ayride corporate limits_write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE registrar prior files. YES NO NO NAME OF Middle 4. DATE Month Day Year DECEASED **OF** (Type or print) DEATH 19 for 6. COLOR-OR RACE 7. MARRIED THE NEVER MARRIED 9. AGE Ite years 5. SEX B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS The lost birthdgg) Months Days Hours Min. retained WIDOWED [7] with DIVORCED | 24m100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY . BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) CH pup ۋ THOY FATHER'S NAME 14. MOTHER'S MAKDEN NAME VO. Poge IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File (If yes, give wor or dates of service) PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) olong with for DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost. pending" in incr's Office of 0 000 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? be used YES | NO [iner's 20g. EXTERNAL CAUSE WAS FRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) Exomi 3 shauld MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a. m. While Not white 19 p. m. at work at work orworded to the Chief Medi-21. I certify that I topk charge of the remains described above, held an Autopsy Inspection Inquiry , and find that Suicide ... Homicide Undetermined couse . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER removol **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 124a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE. VS. A15ME(5) 5M 9/55

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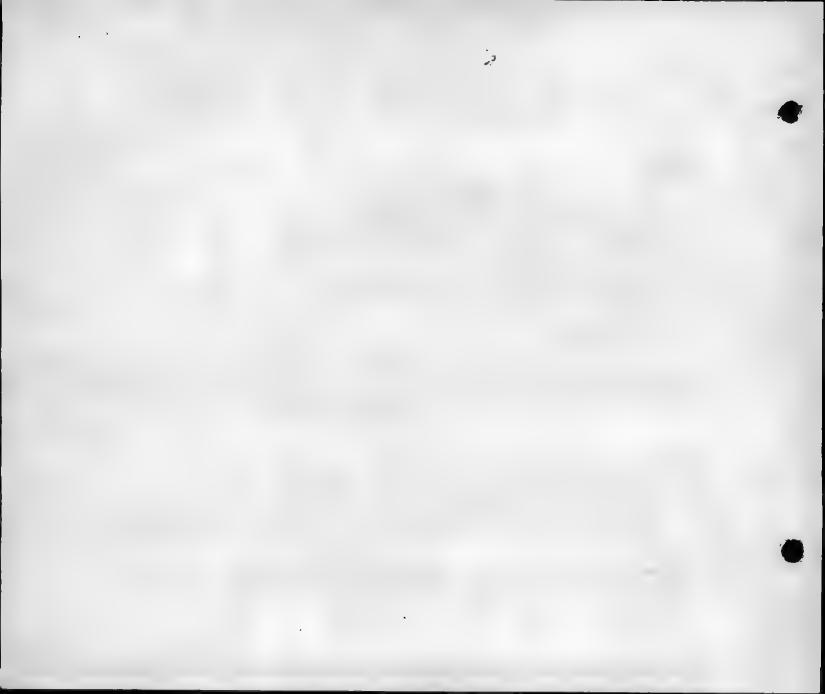
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTINING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after

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	physic	page 3 should be detached for use as the burial-transit permit. Then please remaye corbon page	he registrar priar to burial, cremation, ar remaval, and in any event within 72 hours of
	ter this certificate has been signed by the attending phy	ase re	in 72
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١.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	,
	6298 CERTIFICATE OF DEATH	06316 st. No.
1,	PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived If institution Resider STATE COUNTY B'CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits; write RURAL and	Charlet,
\angle	PRIVAL and give negrest town)	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION If H. I I I I I I I I I I I I I I I I I I	e. IS RESIDENCE ON A FARM? YES NO KO
3	NAME OF DECEASED (Type or print) (LITTLE Middle ACT TO DEATH COPE DEATH	Day Year
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost bribdoy) Months 1. 1. 1. 1. 1. 1. 1. 1	Doys Hours Min.
100	USUAL OCCUPATION (Give kind of work done on the following most of working life, even if retired) 12. CF (C)	TIZEN OF WHAT COUNTRY?
Ż	PATHER'S NAME NICE IN CAMBELLE MAIDEN NAME TILL	Lume
15 [Te	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address [If yes, give wor or dates of service] (If yes, give wor or dates of service)	racettille
	18. CAUSE OF DEATH [Enter only one cause per line for [g]. (b), and [c]] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Bunche green Cause Control one cause per line for [g].	ONSET AND DEATH
	Conditions, if ony, which and	
	gove rise to immediate couse (a), stating the under lying couse last (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	TI(6) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	200. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICA	20c TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of work 19 of work 19 Occurred factory, street, office bldg., etc.]	County) (State)
	alive an 196 195 and that death accurred at 1/4 AM, from the causes and an t	last saw the deceased he date stated above. DATE SIGNED
	SIGNATURE Sheder J. Johnson M.D. 37 Caprest Shee	
20	PHYSICIAN'S Dr /HEODORE H. JOHNSON (Cymapolis My)	
1	D. BURIAL CREMATION, 27b. DATE THEREOF 22s. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county)	Store)

240. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE Christing & Kining

ADDRESS

23, FUNERAL DIRECTOR'S SIGNATURE



CEDTIFICATE OF DEATH

		, 0000 CERTIFICA	AIL OF DEATH	Reg. Dist.	. No.				
		PLACE OF DEATH O COUNTY AND ARYLAND	2. USUAL RESIDENCE (Where deceased to STATE /) 1700 VCC/L	b, COUNTY	before admission)				
Ì		b. CITY OR YOWN (flows)ide corporate limits write c. LENGTH OF STAY IN 1b. RNRAL and give negrest fown)	c CITY OR TOWN If outside corporo	te limits, write RURAL and give	! 4. //				
		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF IN LIGHTY AVAIL	d STREET ADDRESS	asi!	e. IS RESIDENCE ON A FARM? YES NO P				
		NAME OF DECEASED (Type or print) (142, 4)	() Lost 4. DATE OF DEATH	Month LL X.O.	Day Yeor				
5. SEX 6 COLOR OR RACE 7. MARRIED [] - NEVER MARRIED [] 8. DATE OF BIRTH 9 AGE (In yeors last birthdoy) Months D VIVORCED [] WIDOWED [] DIVORCED [] WIDOWED [] DIVORCED [] WIDOWED [] TYPS.									
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 14 M	ntry) 12 CITIZ	EN OF WHAT COUNTRY?				
	13.	Clengents B. Lehner	14 MOTHER'S MAIDEN HAME	1224 1:	カタル				
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 1	Lijnaco) G	There Pice	75-1461 2x5-5 1				
		18. CAUSE OF DEATH [Enter only one couse per Ting for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY JAMAEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY	129 F. 91/400		INTERVAL BETWEEN ONSET AND DEATH				
			6 W.KS						
	_	gove rise to immediate couse (a), stating the under lying couse lost. DUE TO (c) C 2 12 C 1 N 2 M 1	2 Cocum		1912.				
3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	97/UR.		1(6) 19 WAS AUTOPSY PERFORMED? YES NO L				
		OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part 1 ar Part 1						
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PL. Hour o. m. 19 of work of viork	ACE OF INJURY (Home, form, 20f. (City of clory, street, office bldg., etc.)	r town) (Co	unty) (State)				
		21. I certify that I attended the deceased from 1/2 alive an 19.5 and that death	occurred at 1 2 M, fram	the causes and an the	ist saw the deceased				
		ACTUAL SIGNATURE PIC SICKAIL	ADDRESS (Sire	et, city or lown, state)	Pare Signed				
/		PHYSICIAN'S RIVER PRICH 1222	Cilen Bu	221 · 1	1 BRylus				
	4	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O SEMOVAL (Specify) JULY 4-1959 LOUGAN Par	CEMETER 220 LOCATION	Kimare Ci	tu-md.				
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Y. Singleton Glen Burning	240. REC'D BY REGISTRY DATE	AR 246 REGISTRAR'S SIGN 19 Chillag 8.					

may be retain.

TO FUNERAL DIMERAL PARTY. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remayer-tarkon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

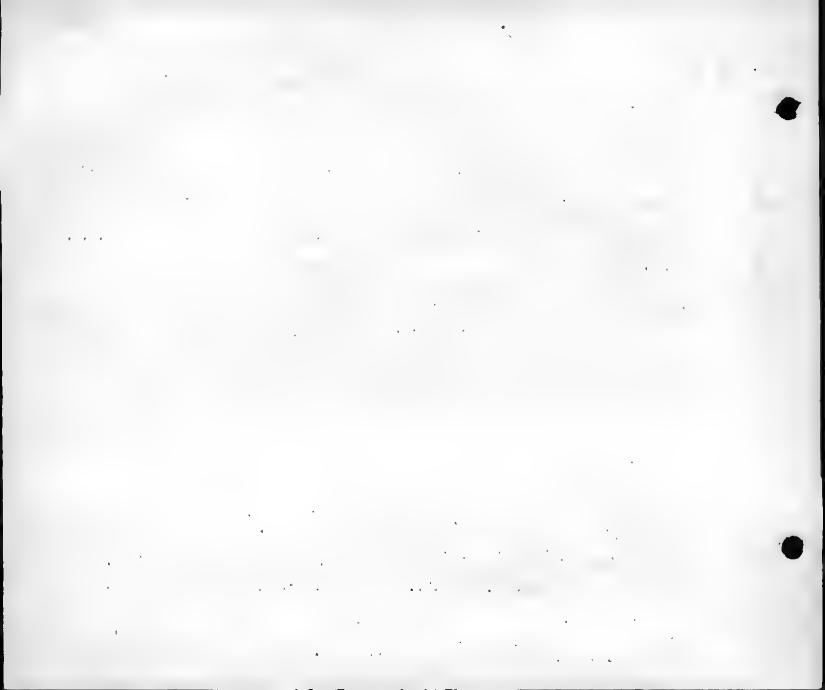
NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

death. Page 4

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TO HOSPITAL OF V5 A15 (4) 15M 9/55

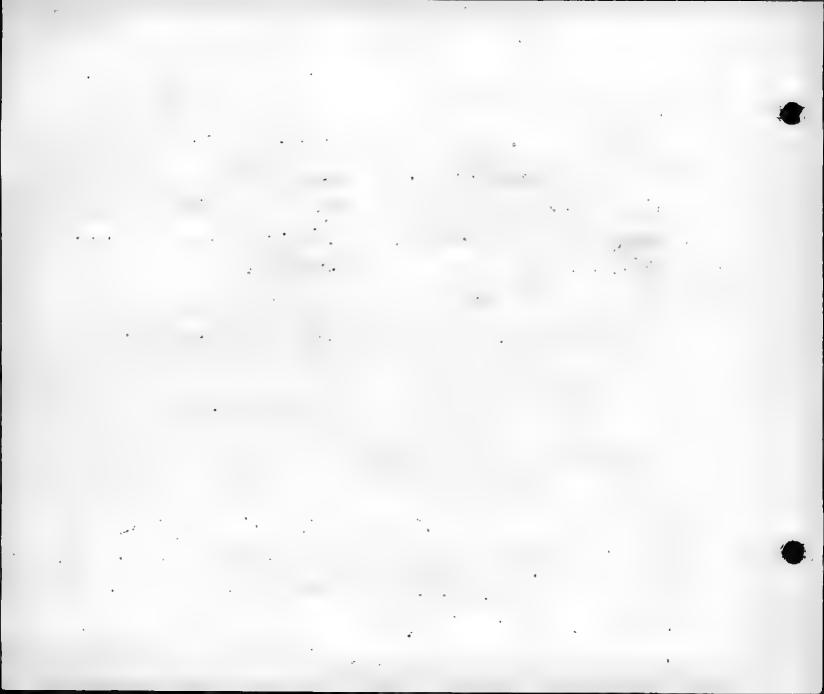




Reg. Dist. No.

	a. COUNTY Anne Arun	del		MARY	LAND	o. STATE Maryland	Where decease	b. COUNTY				n}
	b. CITY OR TOWN (IF RURAL and give new Crownsvil	arest tawn) 10		ENGTH OF STAY B days	IN 1b	e. CITY OR TOWN (If autside corp					
	d NAME OF HOSPITA OR INSTITUTION Crownsvil	le State H		022)		d. STREET ADDRESS 903 Cherr	y Hill	Road			IS RESID ON A F	ARM?
	3. NAME OF DECEASED	Fi	nt	Middle		Last	4. DATE OF	Man	th	Day	Ye	ar
	(Type or print)		rederic			Gross	DEATH	6		25	19	59
1	5. SEX	6. COLOR OR RACE	7. MARRIED	A NEVER MARRIE	D 🔲 B	DATE OF BIRTH		9 AGE (In years lost birthday)	IF UNDER 1			
L	Male	Negro	WIDOWED [head	1901		58 yrs	Manths [Days I	lours	Min
	Oa. USUAL OCCUPATIO during most of worki Chaueffer 13. FATHER'S NAME	ing live, even it refired	1)	o of Business o		Baltimo:	re, Mar		12.CITIZ	.S.A		UNTRY?
1	John S.	Gross				Minnie 1						
1	S. WAS DECEASED EVER		service)	AL SECURITY NO.		FORMANT PSPITAL Reco		Add	ress			
	PART I, DEAT 58% Conditions, if an gave rise ta im couse (o), stating to lying couse lost.	he under-	Atrop	hic Cirr	hosia	s of liver				ONSET	AND D	EATH
,	CALL CALL		-			OT RELATED TO THE TER			'EN IN PART		WAS AU PERFORA ES T	MED?
		CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OF	CURRED	(Enter noture of injury	in Part I ar Pa	t II of item 18.)				
	20c TIME OF INJURY Haur		While	Y OCCURRED Nat while of work		CE Of INJURY (Hame, for pry, street, affice bldg.,		y ar town)	(Ca	ionty)		(State)
	21. I certify the olive on	6/25 M	1259 Plain	this that	deoth	crownsvill	M, from ADDRESS (S. State	the couses on treet, city or town Hospita	1, Md.	dote s	DATE O	signed 26/5
2	PHYSICIAN'S NAME (Type) Lio			M. D.	TERV OF	Crownsvill						26/5
	FRIMOVAL (Specify)	6/30/	54 1	NAME OF CEME	alr	CKEMATORY	20. 100	TION (City, town, o	J'In	d	(Stote)	
T 2	3. FUNERAL DIRECTOR'S	NIII NATURE / .		ADDRESS		/ Lou DC	WIND ON DECISION	TRAD LOW PRECIO	TRADIC CICA	CONTRACT		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





	. 0493	CERTIFICA	AIE OF DEATH	Reg.	Dist. No.
	CE OF DEATH		2. USUAL RESIDENCE (Where decease		idence before admission)
6. C	Anne Arundel County	MARYLAND	o. STATE Maryland	b. COUNTY	? Am.
b. CI	ITY OR TOWN (If outside corporate limits, write JRAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corp	orote limits, write RURAL o	and give nearest town)
	Annapolis		X Gambrills		
0	IAME OF HOSPITÄL (If not in hospitol, give street R INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCI ON A FARMY YES [7] NO [
	<u>ne Arundel County Rospi</u>		None		I ID NO E
	AE OF First See or print)	Geort Ho	1. DATE OF DEATH	Month (Day Year
S. SEX	6. COLOR OR RACE 7 MARR	RIED NEVER MARRIED	8 DATE OF BIRTH		DER I YEAR IF UNDER 24 H
Fer	mal White widows	DIVORCED [Oct. 11, 1882	76 yrs. Mont	hs Days Hours Min
0o. US	UAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDL		country) 12	CIT ZEN OF WHAT COUNTE
dur	ring most of working life, even if retired) ousewife - Ret.	At Home	Savannah, Geor		U.S.A.
	HER'S NAME	** ****	14. MOTHER'S MAIDEN NAME	0	
T	ames Withers		Unknown		
	S DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO	INFORMANT	Address	
(Yes, no,	or unknown) (If yet, gave war ar dates of service)		rs. Winnifred D. Ch		11s. Md.
			LS. WINNIII ed D. OI	taney, damer	
1B.	CAUSE OF DEATH [Enter only one couse per li	ne for (o) (b), and (c).]	0	'n A	ONSET AND, DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	rienal va	scelar acc	dont	1100-
-	JUL TO				1
C	onditions, if ony, which) (b).				
	ove rise to immediate				
	ing couse last. DUE TO				
z =	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN	PART 1(a) 19, WAS AUTOP
FICATION					PERFORMED?
	. ACCIDENT WAS UNDERLYING 206. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part 1 or Pa	art II of tem 18.1	122 1.0
S OR	CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER		20 (2002)		
		NUMBER OF THE PROPERTY OF THE	LACE OF INJURY (Home, form, 20f, (Cr	ha an farant	15 11 181-
20€	Hour o. m. While		octory, street, office bldg., etc.)	ly or fown)	(County) (Sta
·	p. m. 19 of wor		<u> </u>		
21.	. I certify, that I aftended the deceas	ed from VW	1952, to 6/6	19 7, that	I last saw the deceas
lali	ive an 6/1/2/53 19	and that death	h occurred at 3 15 P.M. fram		the date stated abo
	7 7 7	77		Street, city or lown, stote)	DATE SIGN
	TUAL OO - O- OR	Mal	40 121 CATA	4E ORAL	ST 6/6/6
31.0	NATURE VECTOR	1	A.	<u> </u>	-3-:
PHY	YSICIAN'S KICHARO /	UNFELER	HUNAPO	1615, bd.	
20. BJ	RIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY 22d LOCA	ATION (City, town, or cour	ity) (Stole)
	MOVAL (Specify) Wial June 10, 1959	Onlineten No	tional Cemetery	Arlington.	Virginia.
	IERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC'D BY REGIS		
147	1.1. Chambers	Riverdale, Ma	ryland, DATEJUN 9 "	59 arthur	S. Kraus
7 V	18/ (// // // / / / / / / / / / / / / /	ALAT VULLEY OF THE	The state of the s	20	

director funeral

should executed within 24 haurs aff 25 F pup .⊑ campletely filled papers. Pages 1 c and carbon requires that the danth certificate be 72 hours attending (please or attending physic,an. s certificate has been signed use as the burial-transit permi may be retained by the haspital ar TO FUNERAL DIRECTOR: After this ce page 3 shauld be detached for use

after

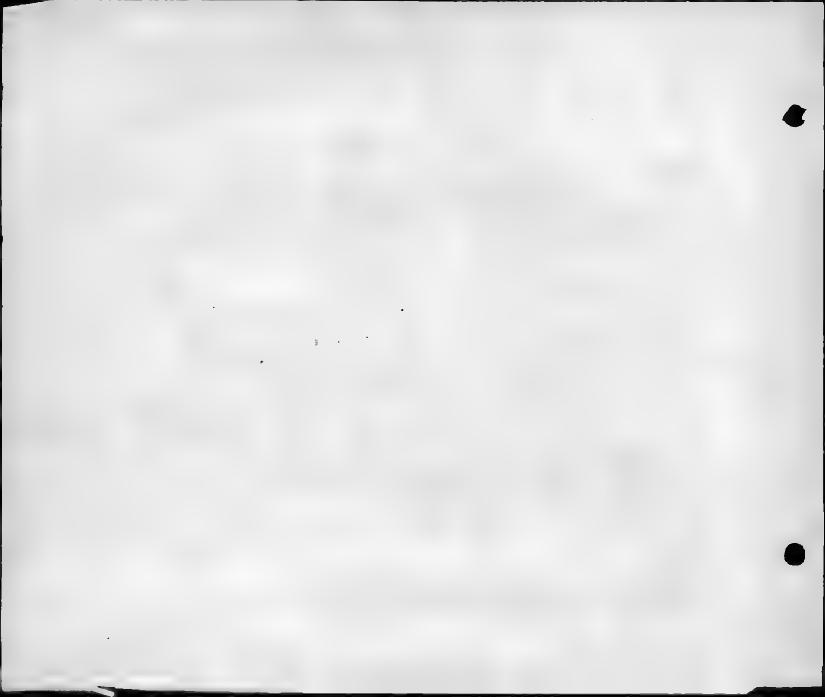
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VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		6300	CERTIFIC	ATE OF DEAT	ГН	Reg. Di	110322 st. No.
	1. 8	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE		If institution: Residen	ce before admission)
		RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corporate lin	offs, write RURAL and	
		d. NAME OF HOSPITAL/If not in hospital, give street addr OR INSTITUTION	ess)	d. STREET ADDRESS	lay	at	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Middle	Hebron	4. DATE OF DEATH	June.	16 1959
	5 5	male Colotal WIDOWED D	3-	mous 6	899 1051	birthdoyl Mantha	TYEAR IF UNDER 24 HRS. Days Hours Min.
1		USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	OF BUSINESS OR IND	Ann	conforcion country)	12. CIT	IZEN OF WHAT COUNTRY
		FATHER'S NAME COLLIN PARAL H	bron	14. MOTHER'S MAIDE	STAGE		rim
	(Yes	(if yes, give war or dates of service) 2//3	7-10-51016	Esaketh,	Mulken	L 7/ (lace-
		18. CAUSE OF DEATH [Enter only one couse per line for PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	7017(b), and (c).]	Burshy (Du -	G	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate	Facles	and Van	enlan D.	isean	1 gear
	7	lying couse lost. DUE TO (c)	\				
q.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT			<u> </u>		PERFORMED?
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		IED. (Enter noture of injury			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJUR Hour 6. m. p. m. 19 of work	Not while	PLACE OF INJURY IHome, for distory, street, office bldg.,	etc.)	m) ((County) (Stole)
		21. I certify that I attended the deceased alive an 192		W accurred at 153		causes and on the	last saw the decease he date stated abov
,		ACTUAL SIGNATURE REPORTED	m	MD. [10-Ch	VADDRESS (Street, c)	NOT PORTUGION	S. M. BATE SIGNI
		PHYSICIAN'S NAME (Type)					
		Tame 2//59	Bhawer	Hell	Anne	City, town, or county)	(Slote)
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		JUN 2 2 '59	246. REGISTRAR'S SIG	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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physician maye

attending

signed

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TO HOSPITAL OR

VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

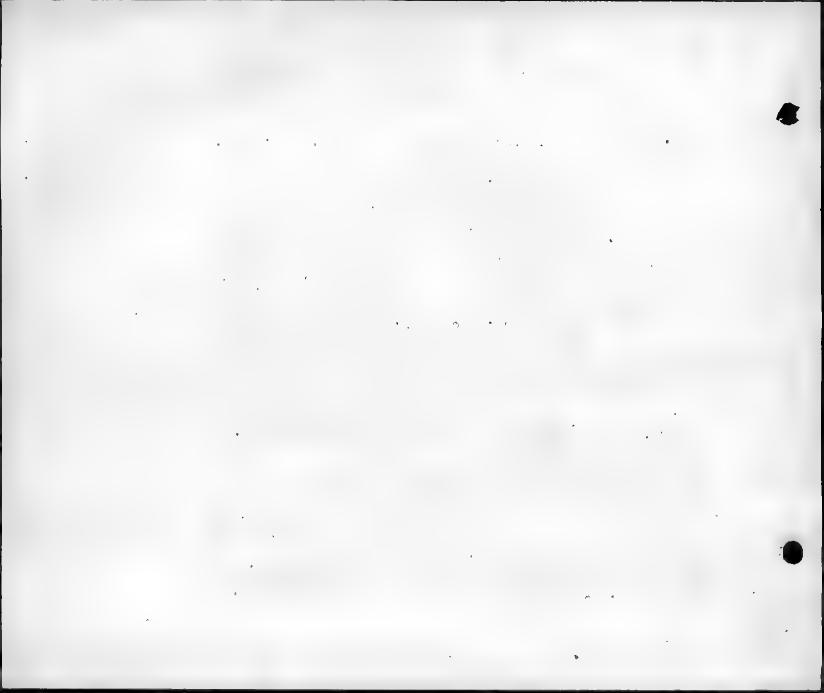
CERTIFICATE OF DEATH

06324

6302

Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY	Anne Arund	lel	MARYLAND	2 USUAL RESIDENCE (WHO STATE		b. COUNTY .	esidence before	
	b CITY OR TOWI	N (If outside corporate limit e nearest town)	ts, write c LENGT	H OF STAY IN 16	c. CITY OR TOWN (If o				
	Anna po	PITAL (If not in haspital, gi	ive street address)		. Annapol	is			. IS RESIDENCE
	OR INSTITUTION	lel General H			315 N. Lind	en Ave.	,		ON A FARM? YES NO
	3. NAME OF DECEASED	Firs	11	Middle	Last	4. DATE OF	Month	Day	Year
	(Type or print) S. SEX	Tempe	7 MARRIED □ NE	Wen all price 🗔 🗆	HENLEY B DATE OF BIRTH	DEATH	AGE (In years IFU	24	19 59 •
	Female	White	MIDOWED M	VER MARRIED DIVORCED	JUNE -16-1	1885	lost birthday) Mo	nths Doys	Hours Min.
	10a. USUAL OCCUP/ during/most of v	TION (Give kind of work d working life, even if refired)	done 10b. KIND OF E	SUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign caun	try)	2 CITIZEN OF	WHAT COUNTRY?
	Hore	ie wife	Hon	re.	North Car			U.S.	
/	13. FATHER'S NAME	an a 1	POINTE	7.4	14. MOTHER'S MAIDEN N	IAME 9	Truck	,	
	15. WAS DECEASED	EVER IN U. S. ARMED FORCE	CES? 16 SOCIAL SE	CURITY NO.	NFORMANT	11	Address		
		(if yes, give war or dailed to se		9/	nary L.	Men	ley (2)	
	18. CAUSE OF	DEATH [Enter only one con DEATH WAS CAUSED BY:			y emboZi, seco	ndary t	to /		T AND DEATH
	(7817.	IMMEDIATE CAUSE (a)	thrombo	ophlebiti:	s, left leg			4	days
	Conditions	Tony, which) (b)							
	gove rise to	immediate (
	couse (D), stati	ng me under-							
	PART II.	OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE C	ONDIT ON GIVEN I	N PART 1(a) 19.	WAS AUTOPSY PERFORMED?
	3 Brain t		-		ral-parietal 1				YES 🔼 NO
	OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBE HOW	/ INJURY OCCURRE	D. (Enter noture of injury in I	Part 1 or Part It	of item 18)		
	20c TIME OF IN.	n, 10	While Not was	while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City ar	town)	(County)	(Store)
	21. I certify	that I ottended the	deceased from,	June	20 , 19 <u>.59</u> , 10	June 24	19 <u>59</u> thai	I last sow	the deceased
	alive on)-June 24,	₁₅ , 12 59 . ,	and that death	accurred a4:05P.				
	ACTUAL O	(TIN)	10.10.	_ /			t, city or tawn, state	6	DATE SIGNED
î	SIGNATURE	Lasi there	7 UN 1007		M.D. 110 Clay	20.3			1 421 27
	PHYSICIAN'S NAME (Type)	L. L. Richard	lson		Annapolis	, Md.			
	220. BURIAL, CREMA , REMOVAL (Spec	TION, 226 DATE THEREO	7-59 20 NAM	ME OF CEMETERY O	R CREMATORY	AD	Ni (City town, or co	unty)	(Stote)
	23 FUNERAL DIRECT	OR'S SIGNATURE S.	in Cool	nakoli	1 1/26.	BY REGISTRA			
	/	7.47			DATE	UN 2 9 '5'	J CINU	un S. Kra	W.A.



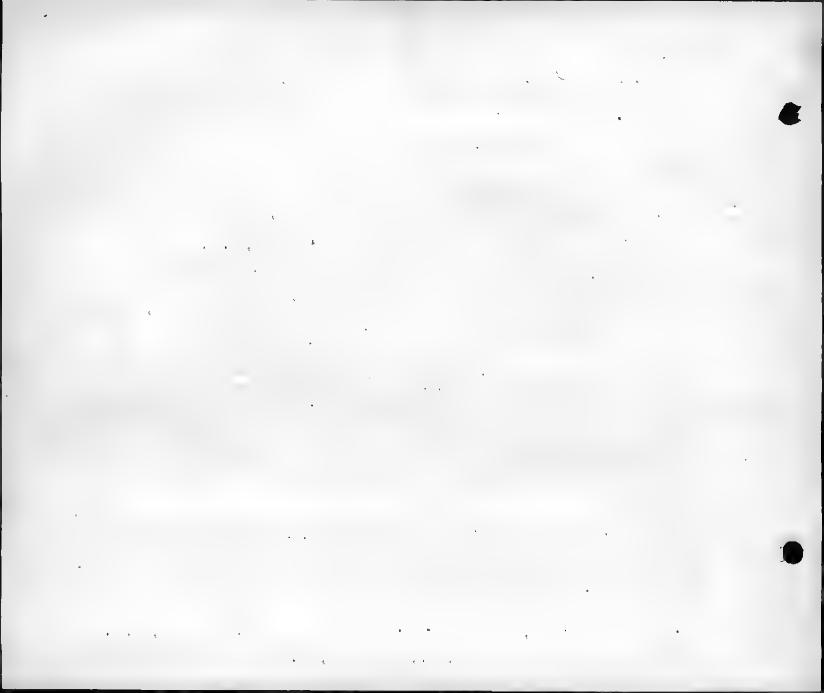
VS A15 (4) 15M 9/58

a

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06325

	. 53	03 CEKIII	ICAIE OF DEATE	1	Reg. Dist. No.
PLACE OF DEATH	1	7	II a STATE	ere deceased lived. If instituti	ion. Residence before admission)
Unn	2 (Krund	el MARYL	Maryla		Anne Arundel
b. CITY OR TOWN (If a	outside carporate limits, w	c. LENGTH OF STAY I		outside carporate limits, write F	RURAL and give nearest tawn)
Annapolis	1	s al	★ Edgewater		
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give :		d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	rundrel Hos			1	, – , –
NAME OF DECEASED (Type or print)	Hay First	Middle	Herathosi	4. DATE Mor	nth Day Yeor 1e 28 1959
SEX 6	S. COLOR OR RACE 7	MARRIED NEVER MARRIE	B. DATE OF BIRTH	9. AGE (In years last birthday)	
emale	white w	DOWED DIVORCED	November 13	1887 71 yrs.	
	(Give kind of work dane	10b. KIND OF BUSINESS OF	INDUSTRY 11. BIRTHPLACE (Stole		12. CITIZEN OF WHAT COUNTRY?
housewife L FATHER'S NAME			Bluffto		
	70/1				
	B. Pinckney	2 16, SOCIAL SECURITY NO	Mary M	artha Porche	T dress
	yes, give war or dates of service		mly 13 1/0 m 7	1	11 (53)
		none	Theres 21 - 120	∕∰ Edgewate	
		per line for (o), (b), and (c).]	C.1	\$· 1·	ONSET AND DEATH
PARI I DEATH	I WAS CAUSED BY MMEDIATE CAUSE (0)	rummar	potailure		30 mino
16 .1	DUE TO				1 1 center
Canditions, if any	, which) (b)	motastic	· MALLINA	mater a	1 total (3
gave rise to imm		1110	w and burnt	osaccial O	aprine
lying couse last.	a under-	Bernolo	Church And	anoma / Bd	Post Run. 8 ma
	S SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DE	TH BUT NOT RELATED TO THE TERM	INALD SEASE COND TION GI	VEN A PART I(a) U. WAS AUTOPSY
		ON CONTRIBUTION OF	THE POT WESTER TO THE TENNI	THE STATE CONDITION OF	PERFORMED? YES NO
20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI	UNDERLYING [206 CAUSE OF DEATH EDICAL EXAMINER)	, DESCRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Part I ar Part II of item 18)	
20c TIME OF INJURY	Month, Doy, Year	20d. INJURY OCCURRED	20e PLACE OF INJURY (Home, form		(County) (Stote)
Hour o.m.		While Not while	factory, street, office bldg., etc	-)	
p. m.			- Al 1-1-6	7	
		4-4	/	/ /	that I last sow the deceased
olive on_S/H	2E 28.	19.45., and that			nd an the date stated obove
	8 0 1	11 De	1	ADDRESS (Street, city or town,	, state) DATE SIGNED
ACTUAL SIGNATURE	Jakoren	moune	M.D.		6/28/17
PHYSICIAN'S NAME (Type)					
BURIAL CREMATION,	22b. DATE THEREOF	22c. NAME OF CEME	TERY OR CREMATORY	22d LOCATION (City, town.	or county) (State)
REMOVAL (Specify)	June 30, 19	asa Congre	essional	Washington	D. C.
, FUNERAL DIRECTOR'S		ADDRESS			ISTRAR'S SIGNATURE
C. P. Irece m.	1 2847 W	ilson Blvd.	Arlington, Vale J		Inthus & Krous
1/14	W V		O 1 Durde 1		1 461 1



Then please remove corbon papers.

in any event within 72 haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06326

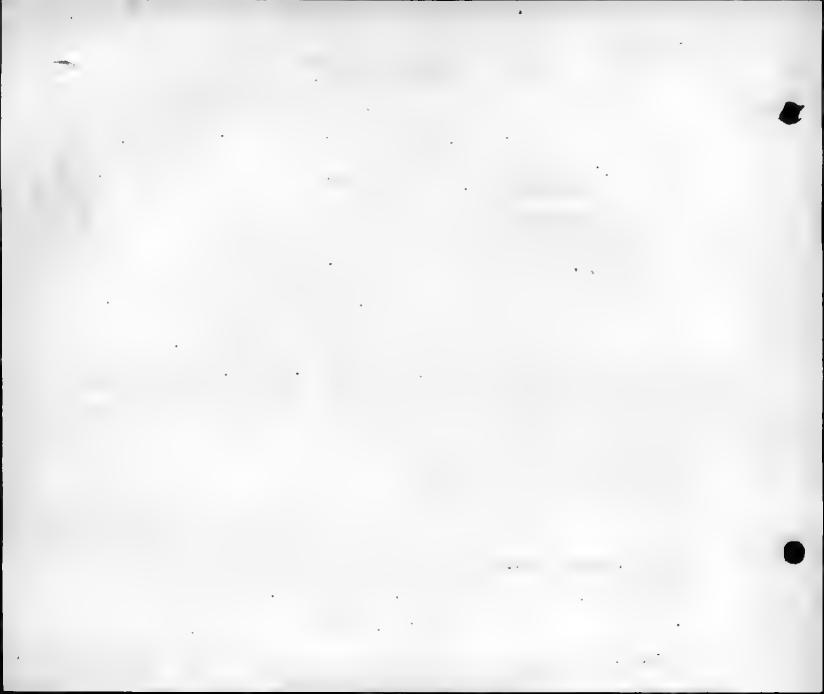
	Margaret March Higgins	CERTIFICATE O	DEATH	Reg. Dist. N	o
1	PLACE OF DEATH O. COUNTY Anne Arundel 6	30 MARYLAND 2. USUAL STATE	RESIDENCE (Where decoased fi	ved. If institution Residence bel	,
	RURAL and give nearest town) Annapolis	1 _	OR TOWN (If outside corporote 0 3 3 up	e fimits, write RURAL and give n	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Anno Arundel Co	117	et address ox 380 C Or	chard Ave.	e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Margaret 7	M. Higgs	Losi 4. DATE OF DEATH	June 1, 19	Doy Year 59 19
5.	SEX 6. COLOR OF RACE 7 MARRIED N	NEVER MARRIED B. BAROF DIVORCED Marc	h 9, 1900	AGE (In years lost birthdoy) 59 yrs IF UNDER 1 YEA Months Doys	Hours Min
10	o. USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired) Sewing Lau		THPLACE (State or Foreign coun		OF WHAT COUNTRY
13	John Wm. Baumgarner		er's MAIDEN NAME		
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL:		ward R. Higg	Address gins Jessup	o, Md.
	18 CAUSE OF DEATH (Enter only one couse positive for (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Ly A DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. (c)	one Cong	ent Die	ailes.	TERVAL BETWEEN
FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU				PERFORMED?
J. CERT	OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL SHAMITTER)	DW INJURY OCCURRED. (Enter not			
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY O Hour o. m. 19 While of work of		JRY (Home, form, 20f. (City or office bldg., etc.)	lown) (County	y) (Stat
	21. I certify that I attended the deceased framalive an School III School II	and that death accurred	at 7.39 CLM, from the	at, city or town, state)	te stated abov DATE SIGNI
27	BURIAL, CREMATION, 226 DATE THEREOF 22c. N.	ME OF CEMETERY OR CREMATOR		N (City, town, or county)	(Stole)
23		DDRESS	24a. REC'D BY REGISTRA		

JUN 3

JOHN F. DENNY, INC. 715 Light St.

TOFUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be-filed with NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft TO HOSPITAL OR VS A1S (4) 1SM 9/SB

the registrar priar to burial, cremation, or remavol, and



VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6357

06327

	reg. orași (14)
1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b	John TE TRUNAEL
and give negrest town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Glen Burnie Since 5/1/59	347.57
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	ON A FARM?
703 Baylor Rd. Glen Burnie Park	Same 103 1344 Lun Rd. VES NOTE
3. NAME OF DECEASED (Type or print) George William Hiltz	Lest 4. DATE Month Day Year DEATH June 28th 1959
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 6.	lou birlidovi
M WIDOWED DIVORCED	9/10/ 2 5 23 yrs. Months Lays 100th Min
too. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTI	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Insurance Salesman	New Port ,R.I. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert G. Hiltz	Enid Fowler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN	FORMANT Address
	Nancy Hiltz (wife)
19. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	train Monoxide
DUE TO	Possoning
Canditions, if any, which) (b)	FOLSONIAN
gave rise to immediate cause	
(a), stating the underlying OUC IO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E.	ster nature of injury in Part I or Part II of Item 18.)
20c. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING CAUSE OF DEATH.	- motor running closed do
	E OF INJURY (Home, form, 120f. (City or town) (County) (State)
O Hour Not while facto	ry, street, office bldg., etc.)
	CACH BANG EK-1217- IN
21. I certify that I took charge of the remains described above	
death resulted from: Natural causes [], Accident [], Suid	ide 🔀, Homicide 🔲, Undetermined cause 🔲.
ACTUAL SIGNATURE Rusself Strybe	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S D 30 0	ASSISTANT MEDICAL EXAMINER 6/2 9/69
NAME (Type) Kussell S. Fisher Chi	of XXXVIII MEDICAL EXAMINER
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
134PIAL 1-1-59 Loudon F	rak. BALTIMORE Md.
22 TUNERAL DIRECTORY SIGNATURE AND FRINE HODRESSYON C.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Francis & miller 2101 Ludwick an	e. DATE JUL 6 '59 Seema & Trans

moire Capean Monexide

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Seated in car-moter ourning- closed george 498 59 x ga up Glen Buni Pr. All min

Coff of in

1		MARYLAND STATE DEPAR	MENT OF HEALTH—BAL	
		6353 CERTIFI	CATE OF DEATH	16328 Reg. Dist. No.
die		PLACE OF DEATH COUNTY MARYLIN	II o STATE	d lived. If institution: Residence before admission) b. COUNTY A A
d be f		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	12 12 13 13 13	rate limits, write RURAL and give nearest town)
2 shaul		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO DE
		NAME OF First Middle DECEASED First Middle OF TAME C	Lost 4. DATE OF DEATH	Month Day Year
	S. S	0 111 1 = 7	B. DATE OF BIRTH	9. AGE (In years FUNDER YEAR FUNDER 24 HRS. lest birthday) Months Doys Hours Min
eath.	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or foreign or	
	13. (FATHER'S NAME I AMES Edward Holland	14. MOTHER'S MAIDEN NAME	
	IS '		Shirley Mae 1	Phompson Address PASON/ Churchton Ma
t within		18. CAUSE OF DEATH {Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ian	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which) by Sules from	infantile dia	whea 48 hour
		gave rise to immediate couse (a), stating the under-lying cause last.	0	
1	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE	E CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO N
	L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature af injury in Port I or Port	
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20d Hour o. m. p. m 19 While Nat while at work of wark	PLACE OF INJURY (Home, farm, 20f (City factory, street, affice bldg., etc.)	or tawn) (County) (State)
		21. I certify that I attended the deceased from June 1 grive on June 19 1959 and that de	19, 1959, to June ;	20 1955, that I last saw the deceased in the causes and on the date stated abave.
		ACTUAL TIME TO BOOK & Thrule		treet, city or town, alole) PATE SIGNED (1) 3/1-7
from par		PHYSICIAN'S NAME (Type) WILLARD F. SM	ITH, MD	4
he regit	22a.	BURIAL CREMATION, 27b. DATE THEREOF PROVIDENCE OF CEMETER 130 VIII G/23/39 BYOWNS	LY OR CREMATORY 22d LOCAT	ION (City, town, or county) (State)
9) 6	23 73	FUNERAL DIRECTOR'S SIGNATURE GLICAL ADDRESS CONTROL SURVEY GREAT GREAT	Leed 240 REC'D BY REGIST DATE JUN 2 5 '5	
	<u> </u>			COMMIN A /GAUS



063296305 **CERTIFICATE OF DEATH** Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed 5. COUNTY MARYLAND c. LENGTH OF STAY IN 15 c. CIDPOR TOWN (Is autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAV (If not in/hospital, give street address) d STREET ADDRESS e. IS RESIDENCE 09 YES 🔲 NO 🕻 £ NAME OF Middle DATE Yeor OF DEATH Pages (Type or print) 19 5. SEX 9. AGE (In years lost/birthday) IF UNDER I YEAR IF UNDER 24 HRS MARRIED T NEVER MARRIED Months Doys Hours DIVORCED | WIDOWED T papers. 100. USDAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? foreign country) gud 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary occlusion 4200 **DUF TO** á coronary artery disease Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO 12 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. Not while at work a ot work June 6. 21. I certify that I attended the deceased from May ____ 19_59, that I last saw the deceased ____, and that death occurred at 6:15PM, from the causes and an the date stated above. be detack ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Amos Garrett Blvd. ploods PHYSICIAN'S FUNERAL Borssuck NAME (Type) ___Annapolis. ന 220 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) page REMOVAL (Specify) 23 MUNERAL DIRECTOR'S SEGMATURE 24g. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE arthur & Kraya

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FOR STATE

HEALTH DEPT.

your files. ry, please DEPUTY MEC.

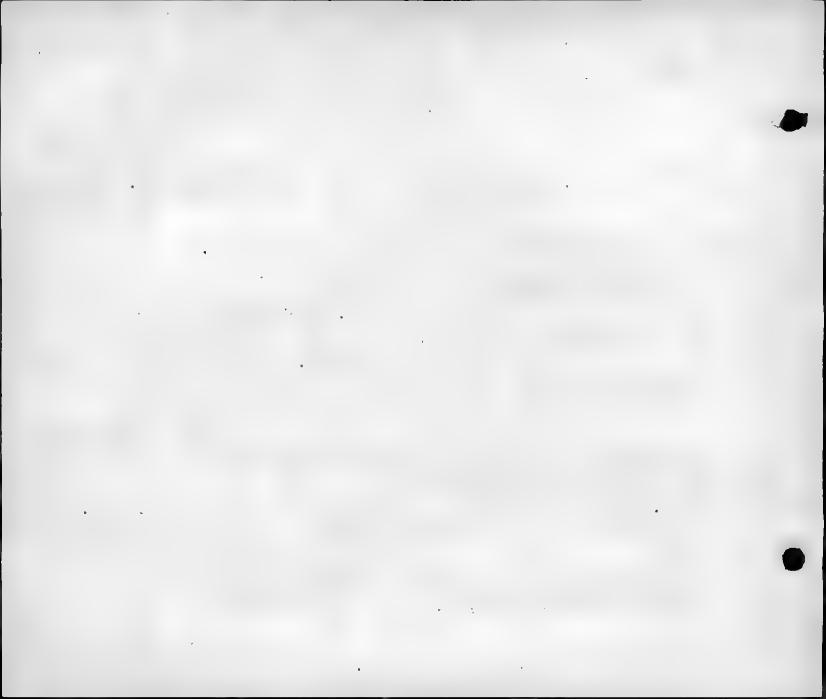
EXAMINER: This certificate should be executed within 24 hours after death. If any delay is new execute the certified the word "pending" in penal in item, 15. Give Pages 1, 2, and 3 to the funeral distributed be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained forty a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained forty by FUNERAL DIREMINER. Page 3 should be used as burial-transit minimit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

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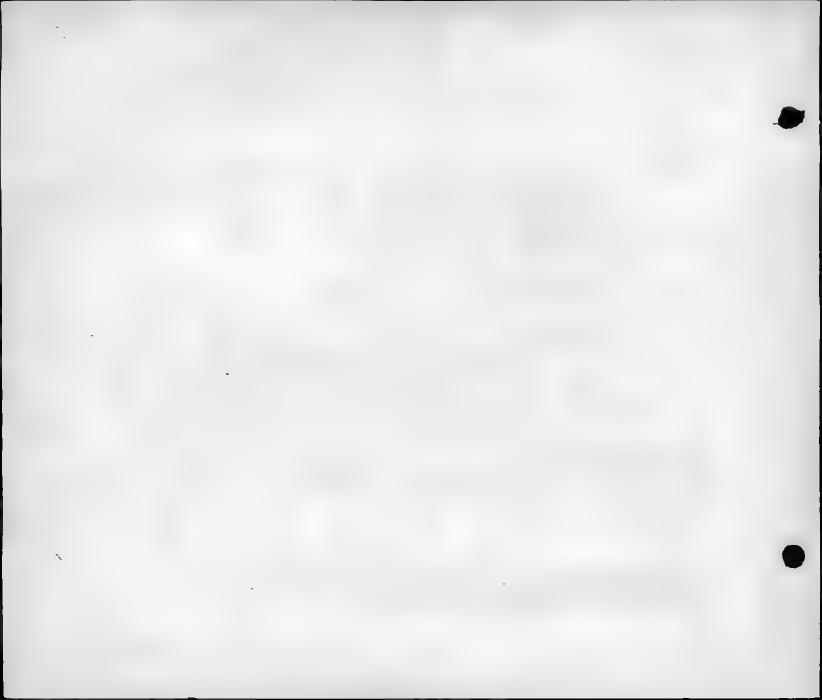
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6359 MEDICAL EXAMINER'S CERTIF

ICATE OF DE	ATH	Dist. ().633()
	Ren	Dist. No.

PLACE OF DEATH				Where deceased lived . If institution	Residence before admission)
Anne Arundel		MARYLAND	G. STATE	Same b COUNTY	
b. CITY OR TOWN (1) subide corporate lim b.	write BURAL C	LENGTH OF STAY IN 16		f outside corporate limits, write RUR/	AL and give nearest town)
Odenton	0	ver 40 years	11		
d NAME OF HOSPITAL OR INSTITUTION	V. (If not us hounded	AGT. WO AGREE	d STREET ADDRESS		e IS RES DEN .E
	1 (ii trav in masprior)	Recomment	H /		ON A FARM?
			Sa Sa	M6	YES NO
3. NAME OF DECEASED	First	Middle	Lost	4 DATE Month	Doy Year
(Type or print) James S. Ho	ward			DEATH June 14th	n 19 50
5. SEX 6 COLOR OR RAC	CE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		NDER TYEAR IF UNDER 24 HRS
M W	WIDOWED 🔂	DIVORCED [2/2/75	Q / YFS. Mor	oths Days Hours Min.
100. USUAL OCCUPATION (Give kind of wo	rk done 10b. KIND	OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stote	04	
during most of working life, even if retire				,,	THE ECT OF THE COUNTY
Retired far	mer		Calvert C		USA
I3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	
/Jaras/S William	E. Howard		Rachel Ro	binson	
S. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16, SOCI	AL SECURITY NO. 17, IF	HORMANT	Address	
No -			Man Thomas		
18. CAUSE OF DEATH Enter only one	None		MIS. Francis	Howard (daughter	INTERVAL BETWEEN
10. OHOUSE OF PERMITT Trans. only and		of tab over felt.]			ONSET AND DEATH
PART I DEATH WAS CAUSED BY	£4				
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE	(o) Self			the mouth with	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE	(o) Self	inflicted w		the mouth with	Sudden
IMMEDIATE CAUSE 1/6 X DUE 1 Conditions, if ony, which)	(o) Self			the mouth with	
IMMEDIATE CAUSE 1/6 X DUE 1 Conditions, if any, which gove rise to immediate couse	(o) Self to a 38			the mouth with a	
IMMEDIATE CAUSE 1//6 X Du£ 1 Conditions, if any, which agove rise to immediate couse	(o) Self to a 38			the mouth with a	
Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.	(c) Self to a 38 (b) (c) (c) (c)	caliber Colt	Rvolver.		Sudden
Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse lost.	(c) Self to a 38 (b) (c) (c) (c)	caliber Colt	Rvolver.	THAL DISEASE CONDITION GIVEN IN	Sudden PART 1(a) 19. WAS AUTOPSY PERFORMED?
Conditions, if any, which gove rise to immediate couse (c), storing the underlying couse lost.	(c) Self (b) (c) (c) Contributions Contributions	Caliber Colt	RVOLVET.	INAL DISEASE CONDITION GIVEN IN	Sudden
Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.	(c) Self (b) (c) (c) Contributions Contributions	caliber Colt	RVOLVET.	INAL DISEASE CONDITION GIVEN IN	Sudden PART 1(a) 19. WAS AUTOPSY PERFORMED?
Conditions, if ony, which gove rise to immediate couse (e), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CO 200. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTING CAUSE OF DEATH.	(b) Self to a 38 (b) TO (c) ONDITIONS CONTRI	RUTING TO DEATH BUT N W INJURY OCCURRED (E	RVOLVET . OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	Sudden PART 1(a) 19. WAS AUTOPSY PERFORMED?
Conditions, if ony, which gove rise to immediate couse (e), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CO 200. EXTERNAL CAUSE WAS PRIMARY DOY CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy.	(b) Self TO a 38 (b) TO (c) ONDITIONS CONTRI 20b DESCRIBE HOW See # 18 Veor 20d INJUR	RUTING TO DEATH BUT N W INJURY OCCURRED (E (Suicide) RY OCCURRED 700 PLACE	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN If I or Port II of stem 18.)	Sudden PART 1(a) 19. WAS AUTOPSY PERFORMED?
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06331 6306 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) p. COUNTY **b. COUNTY** MARYLAND b. CITY QR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c_CLTY OR TOWN (It/outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town). d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 063 YES 🦳 NO [c 4. DATE OF DEATH 3. NAME OF First Middle Lost Day Month Yeor DECEASED (Type or print) 195 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 74 HRS. 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost bir(hdoy) Months Davs Hours Min. WIDOWED [7] DIVORCED ! 100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address offending p pleose 18. CAUSE OF DEATH [Enter only one cause per line for (g)m(b), and (c).] INTERVAL BETWEEN ONSET AND PEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Ony Conditions, if ony, which gove rise to immediate DUE TO coure (o), stoling the undertransit lying couse lost. (c) PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) MEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, form, Month. Doy, Year 20d INJURY OCCURRED 20f (City or town) (State) (County) factory, street, affice bldg., etc.) Hour o. m. While Not while at work | of work 21. I certify fifth 19.35 that I last saw the deceased I attended the deceased fram. alive an death accurred M. fram the causes and an the date stated above. ADDRESS (Street, city or DATE SIGNED DIRECT ACTUAL SIGNATURE should **PHYSICIAN** NAME (Type MOY DE. DATE THEREOF 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county) (Stote) 2 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & House VS A15 (4) 15M 9/55



FOR STATE HEALTH DEPT y, please rour files. of Health,

TO DEPUTY MED

Literal: This certificate should be executed within 24 hours other death. If any delay is next execute the certificate word "pending" in pendi in Item, 18. Give llager 1, 2, and 3 to this found of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for Ly TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remayal, and in any every within 72 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06332

Reg. Dist. No.

		PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE		lived. If institution: Re	sidence before admission)
	ŀ	Anne Arundol MARYLAND CITY OR TOWN (1 ours de corporate limits, serve EURAL c. LENGTH OF STAY IN 16	Skeway.	Md.	X9K	Mex _ A. A
		and fine vegest laws)			rote limits, write RURAL	and give nearest fown)
		Pasadena 30 years f. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	A STREET ADDRESS			Te. IS RESIDENCE
			1	Same		ON A FARM
	3.	2 West Norfield Rd. High Point NAME OF First Middle	Lott	4. DATE	Month	Day Year
		(Type or print) (Ososopologopolitot) L. Oscar		OF DEATH	June 6th.	19 59
	5. 5		Hain &	9	AGE (In years IFUND	ER TYEAR IF UNDER 24 HRS
		M WIDOWED DIVORCED	1/27/1900		58 yrs. Month	Days Hours Min
	10a.	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S'o	ite or foreign cou	infry) 12 (SITIZEN OF WHAT COUNTRY?
		Lanitor in schools. Bask	7 Ma.			
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
		John Hunt	Katheri	ne ↔ (Un	known)	
	15 [Yes,	. no, or unknown) [{If yes, give war as dates all service}	INFORMANT		Address	
		* 717-07-6246 Hi	s driver's I	License.		
		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
		MAMEDIATE CAUSE (a) Unde termined		- 		
		/73.5 DUE TO				
		Conditions, if any, which		·		
		(a), stating the underlying DUE TO				
	3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVEN IN P	ART I(M) 10 WAS AUTOPSY
	CATION					PERFORMED?
	CERTIFIC	20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in P	art I or Port II of	:tem 18)	
		CAUSE OF DEATH.				
	WEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20+. PLA	ACE OF INJURY (Home, for	em. 20f. (City o	r lown) {	County) (Slate)
	MED	How a.m. While Not while p. m. 19 at work of work	, , , , , , , , , , , , , , , , , , ,			
		21. I certify that I took charge of the remains described obt	ove, held an Autop	osy 🔲, 🛚 Ins	pection 🔼 , Inq	viry 🔼 , and in my
		opinion death resulted from: Natural couses . Accident	🔲, Suicide 🔲,	Homicide [, Undetermined	i manner 🛅
		SIGNATURE Sustant & Farbert W				DATE SIGNED
4		SIGNATURE FULL ALLE ALLE ALLE ALLE ALLE ALLE ALLE A	M.D. CHIEF MEDICAL	-		DATE SIGNED
		EXAMINER'S	ASSISTANT MEDI			'A
	220	NAME (Type) Gustave H. Faubert, M.D. BURIAL CREMATION, 276 DATE THEREOF [22c. NAME OF CEMETERY OF	DEPUTY MEDICA		6/6/5	Fig. 1
	440	PEMOVAL (Specify)			ON (City, town, or count)	r) (Stole)
	23.	Burial 6/9/59 Loudon Par		Balt Balt		SIGNATURE
	1	Man. Y. Viakuer Hour-B	200 DATES		Critica &	
ı	. 2		the	66 ∧ ' [±] 53	Consum 3	TOTAL STREET



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y. please	r. Poge	your, files.	of Heath		
PUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary	the funeral di	be retoined for	NERAL DIRECTOR: Page 3 shaved be used as a burial-transit permit. File pages 1 and 2 with the State Board of Jeanth. 🔼 🎢	fter death.	
fter death. If a	. 1, 2, and 3 to	. Page 5 may	s 1 and 2 with	thin 72 hours o	
thin 24 hours a	8. Give Poges	with form PM3	nit. File page	n any event ye	
be executed wi	vencil in Item, I	s Office along	rial-transit pert	removal, and i	
lificate should	pending" in p	ical Examiner	esed as a bar	cremotion, or	
IINER: This cert	ing the word	the Chief med	ge 3 shautd be	ior to berial,	
ED. EXAN	cer" e, will	forwardad to	DIRECTOR: Po	ated ogent, p	
PUTY M	ofe the	ad pind	NERAL	s design	

VS. A15ME 5M 2/57

	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,	18	06333
	6361 MEDICAL EXAMINER'S CERTIFICATE OF DEATH		
	the state of the s	Reg. Dist.	No.
THE	2 USUAL RESIDENCE (Where decorred lived life inste	Lution, Res dence	before admission

0001		Reg.	Dist. No.					
1. PLACE OF DEATH 6. COUNTY		2 USUAL RESIDENCE (Where deceased lived If institution: Re-	dence before admission)					
Anne Arundel	MARYLAND	o STATE Michigan b. COUNTY						
b CITY OR TOWN (N outs de corporete l'mis, write BURAL and give negret town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL:	and give nearest town)					
Dorsey	Few Instants.	Detroit	7 4					
d NAME OF HOSPITAL OR INSTITUTION (IF not in has		d STREET ADDRESS	e. IS REMOTINGE					
		1555 Lawrence St.	ON A FARM?					
Baltimore-Washington Expr	Middle	1	YES NO					
DECEASED		Losi DAYR Month	Doy Year					
Tight '	W	HURST DEATH 6/6/59	19 _					
THE REAL PROPERTY OF THE PARTY		lost by (hglay) 64 mush	ER IVEAR IF UNDER 24 HRS					
M Colored WIDOWE		5-21-1921 38 %	DOJI NOOII MIN					
10a USUAL OCCUPATION (G ve kind of work done 10b K during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11, 8:RTHPLACE (State or foreign country) 12 C	ITIZEN OF WHAT COUNTRY?					
Maintenance Worker Vi	ckers Corp. Inc	Forest City, Ark.	U.S.A.					
13. EATHER'S NAME		14 MOTHER'S MAIDEN NAME	,					
William L. Hurst		America E. Floyd						
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO. 17 IN	FORMANT Address						
(If yet, give was as dates of service)								
18. CAUSE OF DEATH Enter only one cause per line		dential Card found in his blot						
PART I, DEATH WAS CAUSED BY-			ONSET AND DEATH					
IMMEDIATE CAUSE (a)	Fractumeof Sku	<u>ID.</u>	Sudden					
3/6 X DUE TO								
Conditions, if any, which (b)								
gove rise to immediate cause (a), stating the underlying DUE TO								
cause fost. (c)								
PART II, OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART T(a) 19. WAS AUTOPSY					
Įž			PERFORMED? YES □ NO [7]					
PART II, OTHER SIGNIFICANT CONDITIONS CO	HOW INJURY OCCURRED (EN	iter nature of injury in Fort Lar Part II of item 18.1						
CAUSE OF DEATH.								
\$ 20c, TIME OF INJURY Month, Day, Year 20d, I	NULRY DECURRED 120e, PLAC	, his car hollided with another E OF INJURY (Home, farm. 20f. (City or town) ((County) (State)					
A Hour a m	Not white A factor	ry, street, office bldg., etc.)						
	IN DI MOUN PERSIE		A.A Md.					
		e, held an Autopsy 🔲, Inspection 🛣, Inqu	* New *					
opinion death resulted fram: Natural couses []; Accident [], Suicide [], Hamicide [], Undetermined manner []								
1 1 1 1 1 NO	, ,							
SIGNATURE REVIOUS REPORT	en 10	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED					
		ASSISTANT MEDICAL EXAMINER						
NAME (Type) Gustave H. Fauber	t.M.D.	DEPUTY MEDICAL EXAMINER TO 6/6/50						
220 BURIAL, CREMATION 225 DATE THEREOF	22c NAME OF CEMETERY OF	REMATORY 22d LOCATION (City, town, or county	1 (Slote)					
REMOVA. (Specify) Burial 6-12-59	Detroit Memor							
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D BY REGISTRAR 245, REGISTRAR S	the state of the s					
Thompson Funeral Home- 764		The state of the s	S. King					
		1 gan	a. roung					
·	14.61	TT Rem						



Pe

certificate

death

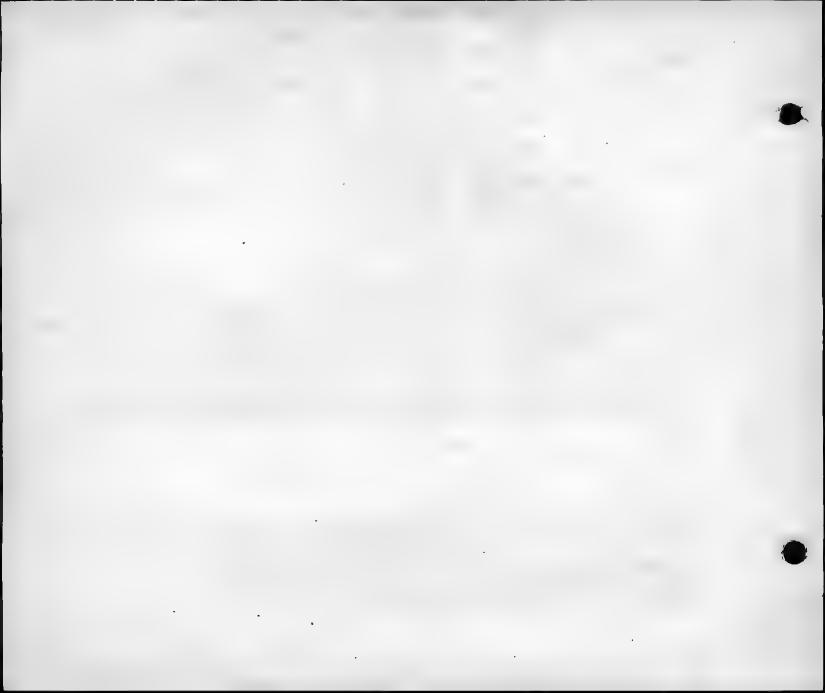
that 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





1 4-7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	16336
-X	6363 CERTIFICATE OF DEATH	
il director, filed with	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE) b. COUNTY	
	TITE CO.	. (0,
the function of	Research ond give negless town) ARK ARK ARK	
in by the	d. NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION / THE AVE	e. IS RESIDENCE ON A FARM? YES NO S
led in	3 NAME OF DECEASED (Type or print) ANNA JEFFRIES JEFFRIES DEATH 6 - 2	Day Year
Pages 1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE.	AR IF UNDER 24 HRS
	F WIDOWED DIVORCED Sept. 2, 1864 94 yrs. Months Doyn	Hours Min,
Comple popers.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN	OF WHAT COUNTRY?
Desp C	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	Sa
	4	
physician emove car hours often	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address	
ng p e rer 72 h	[Yes, no. or unknown] [It yes, give war or dates of service] - Family Same	
rending please re vithin 72	,	TERVAL BETWEEN
he off	MMEDIATE CAUSE (a)	NSET AND DEATH
e 1, 2	Conditions, if ony, which) (b)	
med b ermit	gave rise to immediate couse (a), stating the under-	
ion. In sign ond in one ond in one ond in one one one one one one one one one on	lying cause last. (c)	
ر فالموريخ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
ending ph ficole has ficole has the burial ar remov	20a. ACCIDENT WAS UNDERLYING CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	
itol or other certification of the certification of	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. Hour a. m. 19 at work at white at work at other and the p. m. 19 at work at the p. m. at the	y) (Stote)
	21. I certify that I attended the deceased from July, 1953, to Just 1959, that I last	saw the deceased
OR: A	alive an 6-20, 1259, and that death accurred at 11:30 MM, from the causes and an the d EUGENE Schnitz ER, M.D. ADDRESS (Street, city or town, state)	ate stated above
ned of the house DRECTOR: All Obe detached prior to burial	SIGNATURE MD 3904 S. Warove St	6.22.5
NERAL DIRECTO 3 should be det registror prior to	PHYSICIAN'S CUGUL Schuige Baltimore 25	Md.
FUN oge	29 BUNAL, CREMATION, 226. DATE THEREOF 22c NAMED FICEMETERY OR CREMATORY 200 100 MON (City tops) or county) 1 DUNAL Specify 6-23-57 (FRV) FAVEV (ON DURVICE)	(Slate)
ξ .	23 FUNESALS RECTOR'S SIGNATURE ADDRESS 240 REC'D BY SEGISTRAR 246 REGISTRAR'S SIGNAT	URE
VS A15 (4) 15M 10/57	M- Cutty Ausses / Homes Books Mel-DATEJUN 23 59 arily 8. Kin	44



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06337

6364 **CERTIFICATE OF DEATH**

	-							Keg. DIST, 14	0.	
1. PLACE OF DEATH o. COUNTY Anno	Arunlel	M	ARYLAND	2 USUAL RESIG	DENCE (Where	deceased lived	. If institution b. COUNTY	Residence be		on)
b. CITY OR TOWN (I	f outside corporate limits,	write c. LENGTH OF S	TAY IN 16	c. CITY OR I	OWN (If outs	ide corporate lir	nits, write RU)
RURAL and give no	Balto. 2	5 life	-	50 Balt	imore	123	4			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	street address)		/ d. STREET A	DDRESS	1 300			e. IS RES	DENCE
OK INSTITUTION	104 13th	- A7-1.		104 13t	h Ave	. Proo	klyn	Park		FARM?
3. NAME OF DECEASED (Type or print)	fist Susan		ddle Gr.	Jenkins		DATE OF DEATH	Month June	1		(ear 9 59
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MA	ARRIED 🔲	8 DATE OF BIRTH	1	P. AG		FUNDER I YEA	R IF UNDE	20 10
female	white w	IDOWED DIVO	RCED 🔲	Oct. 9,	1886	72	birthday) yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATIO	IN (Give kind of work don- ing life, even if relired)	e 105. KIND OF BUSINE	SS OR INDUS	TRY 11. BIRTHPL	ACE (State or	fareign country)		12 CITIZEN	OF WHAT	COUNTRY?
	,,	Housewif	6	Palt	o. Md	•		U.S	.A.	
13. FATHER'S NAME	-			14. MOTHER'S						
John A	ppel			Barb	ara S	weet				
(Yes, no, or unknown)	R IN U. S. ARMED FORCES		NO. 17 II	NFORMANT			Addre	55		
no	none	none	l'r:	s. Flor	ence	Baylin	e 319	R.Mar 1	urrs	t.
PART I. DEA 444 X Conditions, if or gave rise to it couse (a), stating: Tying cause last.	nmediate DUE TO	Hyperthe	مفين		io-Voi		V1	Pase	NSET AND	94-3-
97.4	ER SIGNIFICANT CONDITI	Lace Ont	TA -	las.	THE TERMINA	L DISEASE CON	DITION GIVE	N IN PART 1(0)	PERFO	RMED?
		b. DESCRIBE HOW INJUI	COURREC). (Enter nature al	infury in Parl	t or Pari II of i	item 18.)			NO IZP
ZOc. TIME OF INJUR Hour a, p. p. m.		20d. INJURY OCCURRED While Not while at work at work		CE OF INJURY () tory, street, office	forms, form, bidg., etc.)	20f. (City or tav	vn)	(Caunt ₎	0	(State)
21. I certify the alive on	ACTUAL SIGNATURE Paul a. Mullan M. 4506 Fluencerof Rol Balt 29 M9 PHYSICIAN'S									
220 BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF				d. LOCATION (C		county)	(State)
Burial			ross	Cemete	V V	Ritchi		hway.	Ma.	
23. FUNERAL DIRECTOR.		ADDRESS	12		24a. REC'D B			RAR'S SÌGNATI		
THY OF SE	MERAL HOME	1216 s. 3	marle	75 PT	DATE JUN	8 '59	Cin	-, - out / U		

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Fineral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove cerban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after a gith.

death. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of TO HOSPITAL OR

VS A15 (4) 15M 9/55



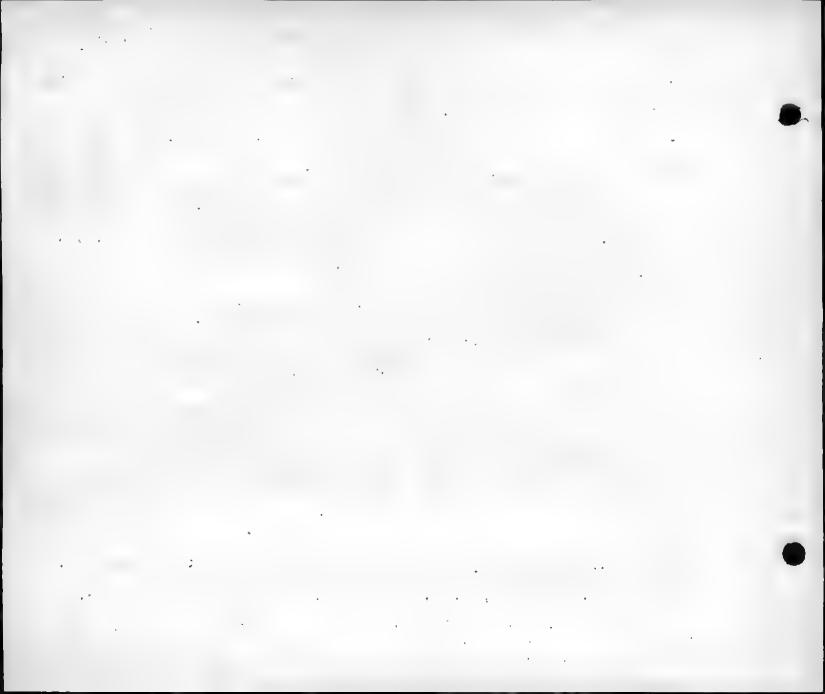
TO HOSPITAL OR

V\$ A1S (4) 15M 9/S8

ARYLAND	STATE DI	EPARTMENT	OF	HEALTH-	-BALTIMORE,	18
) C.K	-		-			

06338 6365 CERTIFICATE OF DEATH Reg. Dist. No.

1	PLACE OF DEATH COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)						
	Anne Arundel MARYLAND	Maryland Baltimore City						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Crownsville c. LENGTH OF STAY IN 1b 1 year 1mo.7days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore						
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS & IS RESIDENCE						
	Crownsville State Hospital	1511 McCullough Street VES NO NO						
3	DECEASED	Jennings 4. DATE Month Day Year DEATH 6 22 1959						
	(Type or print) Allen James							
,		8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min						
	Male Negro WIDOWED □ DIVORCED □	8/4/06 52 m						
1	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)							
	Presser	North Carolina U.S.A.						
] [1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Jeff Jennings	Dora Bishop						
i	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	INFORMANT Address						
· ·	No [If yes, give war or dates of service] 217 -14-5637	Hospital Records						
F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL SETWEEN						
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia							
	/50 X DUE TO							
	gove rise to immediate	e Esophagus						
	cause (o), stating the under. DUE TO							
Ι.	lying couse lost.) (c)							
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES 12 NO 1							
Fair	OR CONTRIBUTING CLOSE OF DEATH CONTRIBUTING							
140000	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PL Maur a.m. While Not while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)						
	21 I certify that I attended the deceased from5/15_	, 19 <u>58</u> , ta_ <u>6/22</u> , 1 <u>59</u> ,that I last saw the deceased						
		accurred at 4:25 M, from the causes and an the date stated above						
1	ADDRESS (Street, city or town, state) DATE SIGNED							
	SIGNATURE L'EMELLEPE	M.D Crownsville State Hospital, Md. 6/22						
	PHYSICIAN'S L. Benedict, M. D.	Crownsville State_Hospital,Md,6/22/5						
2	20. BLR.AL, CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERYOR SHOWN (Specify) 6/2/59/14/14/14/14/14/14/14/14/14/14/14/14/14/	R CREMATORY 22d LOCATION (City, town of accenty) (Stote)						
2	FHATERAL PIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE						
	Shailes affice (66(4). Bar	TRE SUN 25 59 Orthun & trous						





6309 **CERTIFICATE OF DEATH** Reg. Dist. No. il director. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived). If institution #Estdence before admission) e. COUNTY N o. STATE COUNTY era b. CITY OF TOWN I f outside corporate limits, write c. LENGTH OF STAY IN 16 c. GITT OR TOWN (If outside corparate limits, write RURAL and give negrest town) RURAV and trive negrest town) ploods d. NAME OF HOSPITAL (If not in hospital, give street-address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO [and 3. NAME OF 4. DATE First Month Day Year DECEASED OF (Type or print) DEATH 6 195 6. POLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HA 9. AGE (In years ldoy) Months Doys Min. Hours DIYORCED | WIDOWED R YES 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) defing most of working life, even of jetired) 12 CITIZEN OF WHAT COUNTRY? MILLERIA pup offer 13 EATHER'S NAME 14 MOTHER'S MAIDEN NAME physician haurs гетоме 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address aftending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH Ō. PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO permit. Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underpuo lying couse lost burral-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) the t 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factorie street office bidg., elc.) Hour o. m. While Not while of work of work p. m 21. I certify that, I attended the deceased from a ...that last sow the deceased be detaciled HM, from the causes and an the date stated above. alive on and that beath accurred at DATE SIGNED should be distrar ACTUAL SIGNATURE 20 registrar PHYSICIAN'S FUNERAL **MAME** (Type) m BURIAL CREMATION, REMOVA. (Specify) 22b. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 224 LOCATION (City, fown, of county) ě 9 **EUNERAL DIRECTOR'S SIGNATURE ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A35 (4)

certificate

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15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

trained a training 3 15 FUNERAL DIRECTOR: 0

VS A15 (4) 15M 9/58

Rea. Dist No. 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) autside carporate limits, write RURAL and give nearest lawn) e IS RESIDENCE ON A FARM? YES NO Year Day 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSEL-AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) 1952 that I last sow the deceased .M. from the causes and an the dote stated above. NAME (Type) 220 BURIAL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, lawn, or county) 22c., NAME OF CEMETERY OR CREMATORY (State) 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JUL 9 59 Critima & Krays DATE



a. COUNTY shauld NAME OF DECEASED (Type or print) popers. gug

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06342

6366 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH b. COUNTY MARYLAND b. CITY OR TOWN IIf autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN III outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO DE 4. DATE Middle Year DEATH JUNE 19/5 9. AGE (In years lost birthday) COLOR OR RACE 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR! IF UNDER 24 HR Months WIDOWED'T DIVORCED | 10a. USUAL OCCUPATION (Give kind at work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTH/LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DAYS DUE TO ERIUSCLEROSIS Conditions, if any, which ! gove rise to immediate **DUE TO** couse (a), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🕽 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work 21. I certify that I attended the deceased from. ... 19____that I last saw the deceased and that death occurred at 10 72 AM, from the couses and an the date stated above. ADDRESS (Street, city or town, state) SIGNATURE LANKFURE NAME (Type) / 7 275 DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 220. BURIAL, CREMATION, (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR JUN 1 6 '59 **ADDRESS** 246. REGISTRAR'S SIGNATURE

VS A15 (4)

should be detached

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FUNERAL



rause Funeral Home 1216 S. Charles St.

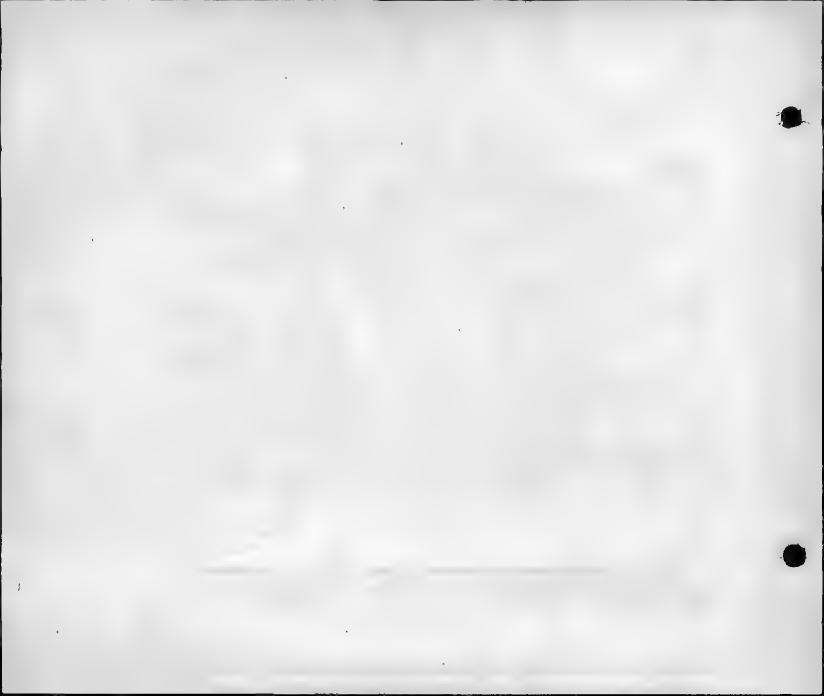
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DATE JUN 2 6 '59

VS A15 (4)

certificate

death



TO HOSPITAL OR

VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

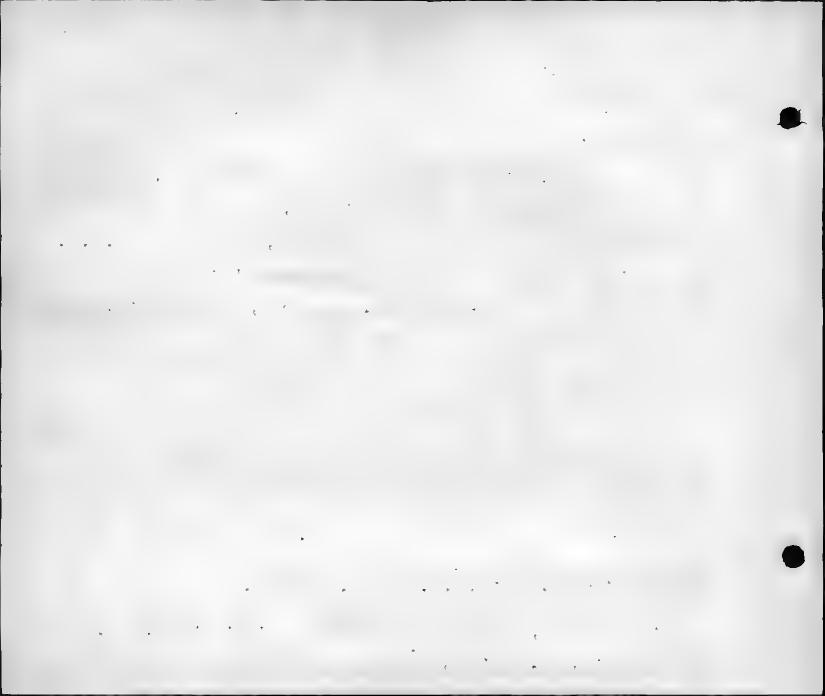
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CERTIFICATE OF DEATH

06344

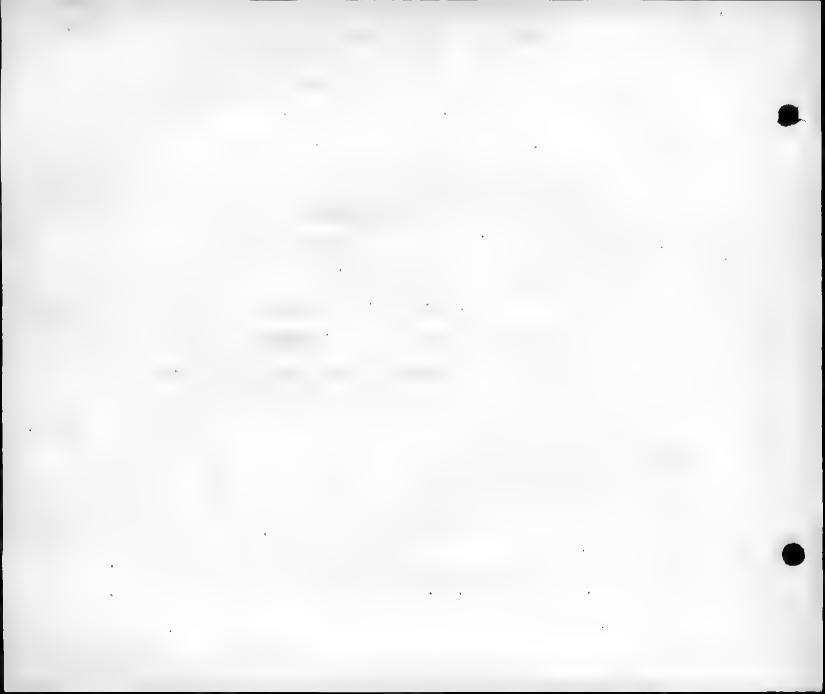
Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY				USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) O. STATE						
		rundel		MARYLAND	O. SIAIE	runde	1				
	b. CITY OR TOWN (If au RURAL and give neares		rite c. LENG	TH OF STAY IN 16	c. CITY OR	OWN (If at	staide corpo	rote limits, write RL	RAL and giv	e neorest f	own)
	Stoney Beach			weeks	A Stoney Beach						
	d. NAME OF HOSPITAL (OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION								e. 15	RESIDENCE LA FARM?
	7917 Green D	rive			1						□ NO I
	3. NAME OF DECEASED	First		Middle	Los	7	4 DATE OF	Mont	h	Day	Year
1	(Type or print)	CLARENCE MI	CHAEL	LYCETT			DEATH	June 7	, 1959		19 59
1	5. SEX 6.	COLOR OR RACE 7.	MARRIED 🔟 N	IEVER MARRIED	8. DATE OF BIRTI	4		9. AGE (In years lost birthday)			IDER 24 HRS.
	MALE	WHITE WIE	OWED 🔲	DIVORCED 🔲	DECEMBE	R I. :	1890	68 yrs.	Months D	oys Hou	rs Min.
	10a USUAL OCCUPATION (during most of working	Give kind of work done life, even if retired)	10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State o	or foreign co	ountry)	12. CITIZI	EN OF WH	AT COUNTRY?
\langle	Elevator Ope	rator			Balt	imore	Mary	land	U	. S.	A
N	13. FATHER S NAME				14. MOTHER'S	MAIDEN N	AME				
	Thomas Micha	el Lycett			Ann	Rebec	ca 011	Wet1			
	IS. WAS DECEASED EVER IN		16. SOCIAL S	ECURITY NO. 17. I	NFORMANT			Addre	255		
		., 910 100 00 00100 01 101100		1-9974 Mr	a. Grace	Lyce	tt. 79	17 Green	Drive	, Sto	ney Beac
		[Enter only one couse p	per line for (o),	(b), and (c).]	4. 5.7		0			INTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY, arthres clarolic Heart Depart ONSET AND DEATH										
	40000										
	Canditions, if any,	which) (bl	PM	mari	, DP.C	0/110	1.00	7			
	gave rise to imme	ediate (Buc to	47					/			
	lying cause last.	(c)	Myo	Cardial	2 Jack	wit.					
	Z PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIVE	N IN PART 1	(o) 19 W/	IS AUTOPSY
)	PART II. OTHER S										FORMED?
	200. ACCIDENT WAS U	NDERLYING 20b.	DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture o	f injury in P	ort I or Port	II of item 18.)			
		DICAL EXAMINER)									
	20c. TIME OF INJURY		Od. INJURY OC		ACE OF INJURY (or town)	(Cou	inty)	(\$1ote)
	ZOc. TIME OF INJURY I			while 10	ctory, street, office	1 510g , etc.)					
		I attended the dec	nored from	2/1	. 195	710	6/	7/54 1054	Ab at 1 las		
	alive on _/a/	7	10.59	and that death			11/6-1				e deceased
	4	·*	C. C.	e dila mai deam	decorred at			the causes ar		agie si	DATE SIGNED
,	ACTUAL SIGNATURE VAN	out m.	In an	ains	un 146	35/	m E	65 St	iolej	1	10/59
	· ·	Kenn III	//				MARKA.	F3 D' .		07	0/2/
	PHYSICIAN'S V TI	cent N. Mes	sina, I	M. D. 14	03 S. Ch	arles	St.				
	220. BURIAL, CREMATION.	22b. DATE THEREOF	22c. NA	AME OF CEMETERY O	R CREMATORY		22d. LOCAT	ION (City, town, or	County)	1S	late)
	REMOVAL (Specify)	June 10, 19	959 Ho	ly Cross C	emeterm		R4tch4				unty
	23. FUNERAL DIRECTOR'S SI		22 LIN		Carrie Carr		BY REGIST		RAR'S SIGN		
	Flynn & Flom				vđ	DATE JU!		_			
	THE PARTY OF THE PARTY	THE THE DE	AL U LHUI	Of MICE J REEL		PAICOOL		4 Curl	hung of for	ALLA	

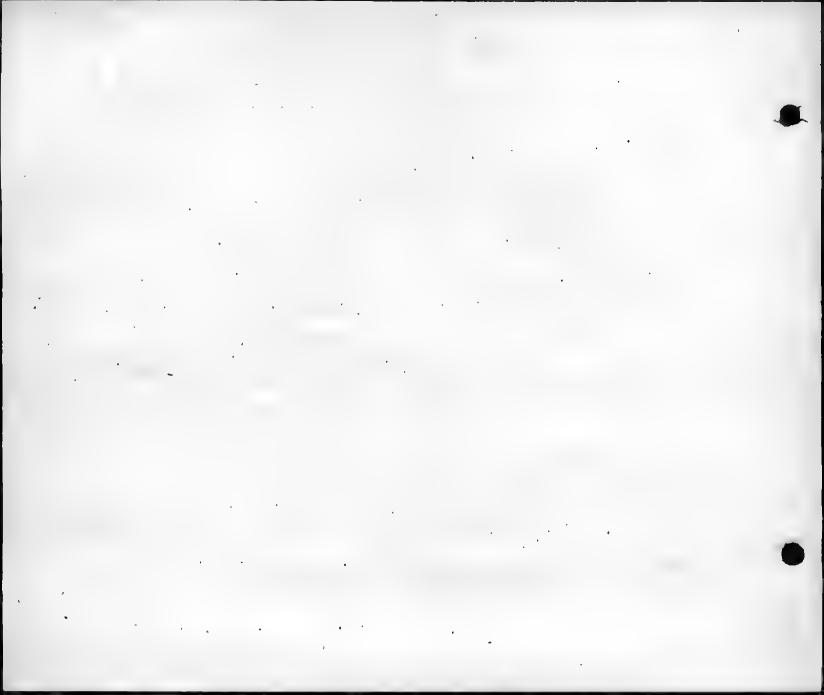


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	MARYLAND STATE DEPA	PARTMENT OF HEALTH—BALTIMORE, 18	06345
	. 6369 CERT	TIFICATE OF DEATH Reg. Dis	
3.	PLACE OF DEATH o. COUNTY Anne Arundel b. CITY OR TOWN (f autiside corporate limits, write RURAL and give nearest lown) Crownsville d NAME OF HOSPITAL (if not in haspital, give street address) OR INSTITUTION Crowns ville State Hospital	2 USUAL RESIDENCE (Where deceased lived institution Residence of STATE by COUNTY Maryland Baltimore COUNTY Maryland Baltimore COUNTY Maryland Baltimore COUNTY Baltimore COUNTY Maryland STREET ADDRESS 27 N. Carey Street	e befare admission)
	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARR Male Negro WIDOWED DIVORCE DO USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RRIED 8 DATE OF BIRTH 9. AGE (In years last birthday) 80 yrs S OR INDUSTRY II BIRTHPLACE (Stote or foreign country) 12 CITIZ	YEAR IF UNDER 24 HRS Doys Hours Min ZEN OF WHAT COUNTRY
1	George Maj or WAS DECEASED EVER IN U. S ARMED FORCES? Tot. no. or withnown (If yes., grow wor or dofes of service) NO 219-01-5638	14. MOTHER'S MAIDEN NAME Elizabeth NO. INFORMANT Address	S.A.
72	gove rise to immediate couse (a), staling the <u>under-lying couse last.</u> DUE TO (c)	•	PERFORMED?
MEDICAL CERTIFICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED White of work of work of work 21. I certify that I attended the deceased fram 6/18	factory, street, affice bldg , etc.)	
	PHYSICIAN'S L. Benedict, M. D.	not death occurred at 8:15A M, from the causes and on the ADDRESS (Street, city or town, store) M.D. Crownsville State Hospital, Md Crownsville State Hospital, Md	6/19/59
L	REMOVAL (Specify) LEVERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	22d LOCATION (City, lown, or county) Worf Ishor 240 PEC D BY REGISTRAR 24b. REGISTRAR'S SIG Cathary 8. TO	



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YE 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	VAS AUTOPS' ERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	s 🔲 NO 🛚
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. 19 at wark at wark at wark 20m. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, affice bldg., etc.)	(Stat
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2 AGUAN A COMPANIA CO	DATE SIGNE
SIGNATURE PHYSICIAN'S NAME (Type) 220. BARE (Type) 220. BARE (Type) 220. DATE THEREOF PEMOYAL (Specify) PEMOYAL (Specify)	8/9/
BUTIAL 6-14-37 Brewer HILL ANNAPOLIS -/10	(Stole)
240. REC'D BY REGISTRAR'S SIGNATURE Charles E, HICKS ANNA polis - Md, Date JUN 15'59 Chilung 8. Kraus	1



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6312 CERTIFICATE OF DEATH

8 116347 Reg. Dist. No.

1	PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Marvland b. COUNTY Anne Arundel						
	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Annapolis,	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis						
A	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Homewood Convalescent Home	d STREET ADDRESS 16 Bestgate Rd. □ IS RESIDENCE ON A FARM? YES □ NO						
	3. NAME OF DECEASED (Type or print) Virginia O.	McKay 4. DATE OF June 30 Pay Year 19 59						
	Town 10 Mb it	B DATE OF BIRTH NOV. 19, 1884 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min Months Days Hours Min Months Days Hours Min Months Days Hours Min Min Months Days Hours Min Min Min Months Days Hours Min Min Months Days Hours Min Min Months Days Hours Min Months Days Hours Min Months Days Min Months Days Months Days Min Months Months Min Months Min Months Months						
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent Hospital 13. FATHER'S NAME	Warren Co. Virginia U. S. A. 14. MOTHER'S MAIDEN NAME						
	Frank H. McKay	Catherine Butcher						
	(Yes, no, or unknown) (If yes, give wor or date of service)	Address . Daniel McKay Cumberland, Md.						
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any which gave rise to immediate couse (o), sloting the under: lying cause lost. Part II OTHER'S GNIFICANT CORD TIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INTERVAL BETWEEN ONSET AND DEATH CLEATER HEATEN ONSET AND DEATH CLEATER ONSET AND DEATH						
	206 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Port (I of item 1B.)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a. m. p. m. 19 at work at wark	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, streef, affice bldg., etc.)						
Electron.	21. I certify that I attended the deceased fram	O., 1928, ta ftrue 30, 1929, that I last saw the deceased occurred at 114 M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED AV 140615 / M						
	220 BUR A., CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OF	r CREMATORY 22d. LOCATION (City, town, or county) (Stote) Cemetery Cumberland, Maryland						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1d. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUL 6 '59 Circling & Francis						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director.

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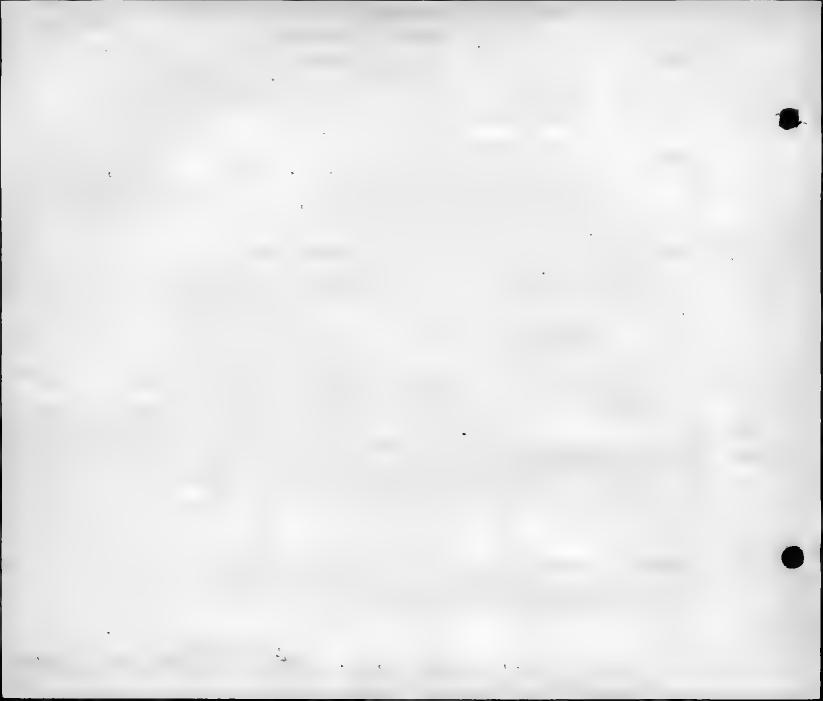
physician

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		6370		CERTIFIC	AIE OF	ATE OF DEATH				Reg. Dist. No.			
	1. PLACE OF DEATH o. COUNTY	nne Arunde	1	MARYLAND	o STATE	land	re deceased	b COUNTY A					
	RURAL ond give n	If outside corporate limi earest town) eenhaven	is, write	C LENGTH OF STAY IN TE		c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town) **Greenhaven**							
	d NAME OF HOSPI	TAL (If not in hospitol, o	rchar	dress) d Avenues	d STREET	ADDRESS	-	rd Avenu	le s	ON A	GIDENCE FARM?		
	3 NAME OF DECEASED	Fir	sl	Middle	lo	11	4. DATE OF	Moni	h	Day	Year		
	(Type or print)	6. COLOR OR RACE		es,Sr	DEATH	JUN	E 25	5,	19 59.				
	5. SEX	B. DATE OF BIRT	Ή	1	P. AGE (In years lost birthday)	Months Doys		ER 24 HRS.					
	Male	White	WIDOWED	70	March			67 yrs.					
	10a, USUAL OCCUPATION during most of wor	ON (Give kind of work a king life, even if retired)	done 10b K	IND OF BUSINESS OR IN	DUSTRY 11 BIRTHP	LACE (State o	r foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRYP		
	Locomotive	Engineer		B. & O. R.R		gomery		Md	U.	.S. A.			
/	13. FATHER'S NAME				14 MOTHER	MAIDEN NA	ME						
		James Mile	_			Ella	Flynr						
	(Yes, no or unknown)	IR IN U. S. ARMED FOR		OCIAL SECURITY NO 17	INFORMANT			Addr	063				
	no				rs. Esthe	r Buck	heit,	6100 C	rdiff /	lye, Z	ONE S		
		ATH [Enter only one co	use per line	for (o), (b), and (c) }	0		•			HERVAL BE			
	PART I. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE TO	Con	elro-va	seular	ae	cede	ut		2 mi	milles		
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	gove rise to i		11							0			
	lying couse lost.	(c)	1										
	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART I(o)	19. WAS	AUTOPSY DRMED?		
	2			no	ne						NO []		
	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCI	RIBE HOW INJURY OCCUR	RED [Enter nature of	of injury in Pa	rt I or Part	II of item 18.)					
	3 20c. TIME OF INJUI	RY Month, Doy, Yes	or 20d. INJ	URY OCCURRED 20e	PLACE OF INJURY	Home, farm,	20f (City	or tawn)	(Count	yl	(State)		
	20c. TIME OF INJUI	19	While of work	Not while	factory, street, affic	e bldg., etc)							
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100	SIGNATURE ///		- Company		M.U		*******	rang Blaker.		THE E	a had dal afa		
	PHYSICIAN'S NAME (Type)	15.M. 1	Ichi	aughlin					U				
	220 BURIAL, CREMATIC	ON, 226. DATE THEREC	F	72c. NAME OF CEMETERY	OR CREMATORY		2d. LOCATI	ON (City, town, o	r county)	iSioi	el		
	BURIAL Specify	6.429-5	9	Cedar Hill	Cemeter		-	Ritchie	**				
	23 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240. REC'D			TRAR'S SIGNAT				
	William Co.	ok, Inc.,	1217	St.Paul Str	eet	DATEJUN	2 9 '59	ant	has & Kan	u.A			

TO HOSPITAL OF TINDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled with the registrar prior to burial, cramation, ar remaval, and in any event within 72 hours offer death.

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VS A 15 (4) 15M 9/55



FOR STAT HEALTH DEPT.

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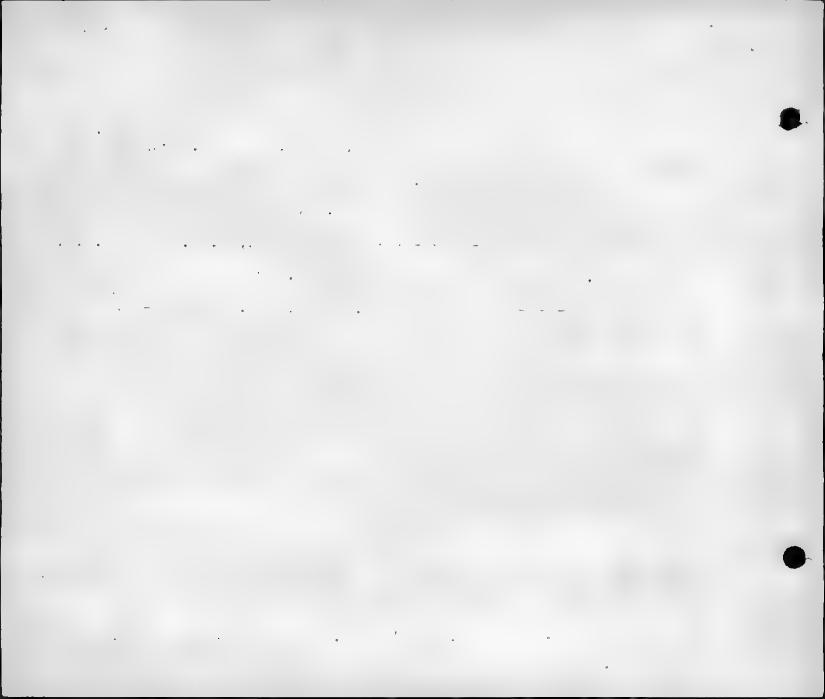
Forward

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06350

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution, Residence before admission) e. COUNTY **6. COUNTY** Maryl and Montgomerv b CITY OR IOWN I'll publide c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate, imits, write RURAL and give nearest fown). Forest Glen d. NAME OF HOSPITAL OR INSTITUTION, III not in hospitor, give street address) d. STREET ADDRESS Ave e. IS PESIDEN ON A FARMS No Street Address Elm House. Hale Pl.& Holman YES IN NO TA NAME OF M'ddla DATE Year DECEASED OF DEATH (Type or print) R. 5 SEX 6 COLOR OR RACE 9 AGE iln years MARRIED TO NEVER MARRIED TO 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HP. 1012 (9 day) White Hours Female WIDOWED MI DIVORCED | 180. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Washington, D. C. Secretary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sherwood B. Royston Anna A. Grev mother 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Sherwood B. Royston -Item #2 No Yes 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 14.20.1 DUF TO Conditions, if ony, which? gove rite to immediate couse DUE TO (o), stoting the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? No [200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) of work of work 21. I certify that I look charge of the remains described obave, held an Autopsy . Inspection . Inquiry and in my Suicide . Hamicide . Undetermined monner opinion death resulted from: Natural causes Accident . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [DEPUTY MEDICAL EXAMINER TO NAME (Type) 220 BURIAL, CREMATION 226. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) John's Cem. Forest Glen, Maryland 23 FUNERAL DIRECTOR S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE Bethesda, Maryland Robert A. Pumphrey. DATEUL 2 Orilar & House

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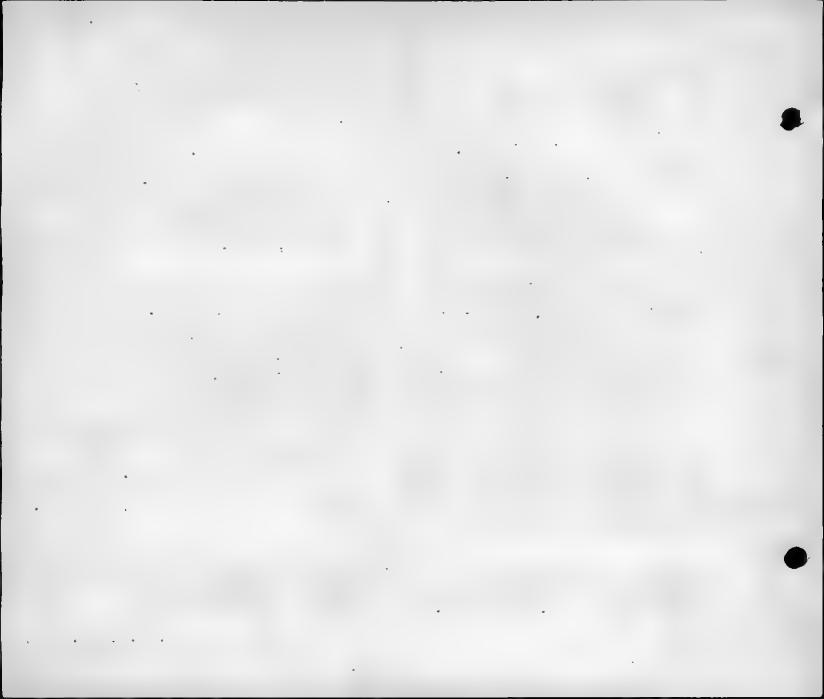
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VS. A15ME 5M 2/57

6372 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06351

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PLACE OF DEATH				[]	USUAL RESIDENCE	Where decea			dence bef	fore admiss an)	
	Arundel		MARYL	LND	Same		Same	ITY			
b. CITY OR TOWN (If out and give nearest town)		ATJS q	c LENGTH OF STAY IN	16	c CITY OR TOWN (I	f outs de cor	parate limits, wri	te RURAL o	nd give n	egrest town)	
Pasaden	9		9		X Pasadena						
		if not in	hospitot, give street address)		d. STREET ADDRESS					. IS RESIDEN E	
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In the Wood	a Deuting _		Widdle			SSONAU					
DECEASED (Type or print)			_		tosi	OF	Moi Tarre 20		Day	Year	
	Nicolas	Mil				DEATH	June 20			19 59	
3. 3EX	COTOR OR RACE		RRIED NEVER MARRIED	M 8. D	ATE OF BIRTH		9. AGE (In years lost berthday)	Months	Doys	IF UNDER 24 HRS	
M	W	WIDOV			8/3/84		74 yrs		00,1	1000	
10e USUAL OCCUPATION during most of working I	(Give kind of work of e. even if refired)	done 10t	. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	e or foreign o	country)	1		F WHAT COUNTRY	
? ?					Hungary.	Europe		Ne	ature	lized US	
13. FATHER'S NAME				1	. MOTHER'S MAIDEN	NAME					
	?				?						
15. WAS DECEASED EVER	N U. S ARMED FO	RCES?	6. SOCIAL SECURITY NO.	17. INFO	DEMANT		Addre	31		The second of the	
l	yes, give wer or doles of	TELMICE)	213-12-4531	Crock	len tials fo	und in	his hor	ne.			
Yes First WC		<u>l</u>		OT OF	TOTIOTALD TO	and A	I III IIOI		7	Promote the desire	
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation, by hangking himself to alimb of										
	MEDIATE CAUSE (0)	St	rangulation, t	y h	anghing him	Sell T	O STIED	OI			
714 X	DUE TO								-		
Conditions, if ony,		8,	tree with a	3/8 :	inch diamet	er rop	98.		Su	adden	
	gave rise to immediate cause (a), stating the underlying DUE TO										
couse lost. (c)											
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY											
Š.										PERFORMED?	
PART II, OTHER 20d. EXTERNAL CAUSE PRIMAR DE GONTE CAUSE OF DEATH.	WAS 20	6. DESCI	RIBE HOW INJURY OCCURRE	D. (Ente	r nature of injury in Par	rt I or Port II	of item 18.)			<u> </u>	
PRIMARTIO OF CONTR	IBUTING []						· ·	20.750			
A 20c. TIME OF INJURY	Month, Doy, Yea		anging himsel	PLACE	OF INJURY (Home, farr	2 01 Civ	WI UII &		ounty)	(Stote)	
7 20c. TIME OF INJURY Hour e.m.			hile Not while	foctory.	, street, office bidg., efc	i) (
	/20/59 18	_	work at work		the Woods		sadena		.A.Ma	aryland.	
21. I certify that	I taak charge	at the	e remains described	obave	, held an Autaps	sy 🔲, 🗆	nspection 🛚 🗓	, Inqu	iry 🏣,	, and in my	
opinion death re	sulted fram: 1	Valura	causes [], Accide	nt/[]	, Suicide 🔃	Hamicide	Undet	ermined	manne	er 🔲	
	A	3/1	1 . /2 .	A//							
SIGNATURE L	SIGNATURE SIGNATURE SIGNATURE THE SIGNATURE SI								DATE SIGNED		
ASSISTANT MEDICAL EXAMINER											
	EXAMINER'S										
27g BURIAL, CREMATION,	22b DATE THEREO	FULLO	72c NAME OF CEMETER	ORCE			FION (City, town	- 3 # Z		(Ŝtote)	
REMOVAL (Specify)	7 00	2.				1					
Burial 23. MNERAL DIRECTOR'S S	June 22	9 1	ADDRESS ADDRESS	OSS.	Cemetery	D BY REGIST				o., Md.	
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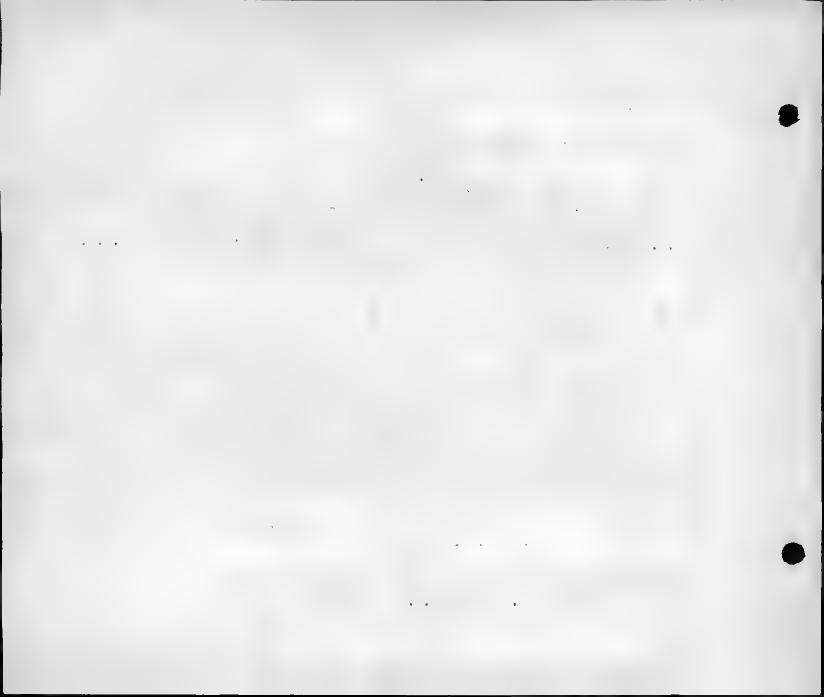
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06352

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	E OF DEATH DUNTY Anne	Arundel		MARYLAND	2 USUAL RESIDENCE O STATE V4.	k (Where deceased	lived If instituti b COUNTY	on Residence bi	efore admission)
b CII	TY OR TOWN (If a nd give reason) Jess	ulside corpo ate l'mils, wr	e RuRAs	7 months	-{	i (If outside corpore	ate limits, write R	URAL and give	nearest town)
		LORINSTITUTION		ol, give street address)	d STREET ADDRE	55			ON A FARM
	AE OF	Fi		Middle	Lost	4. DATE	Month	. a=	
Туре	or print)	Thomas		M.	Miller	OF DEATH	June	30	19 59
. SEX	Hale	6 COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	11-28-18	9	Toronto and a little	Months Doys	Hours Min.
durin	UAL OCCUPATION Monthing	life, even if retired)	done 10b KIN	ID OF BUSINESS OR INDUS		tate or foreign cour		12. CITIZEN C	A.
	HER'S NAME				14. MOTHER'S MAID	N NAME			
	Lafaye	tte Mille	r		Marth	a Martin			
	S DECEASED EVE	R IN U. S. ARMED FO	RCES7 16. 50		INFORMANT		Address		
	No				Maryland Ho	use of Co	rrection	Record	8
(a)	inditions, if on we rise to immed), stating the u- use last. PART II, OTM	nderlying DUE TO)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE C	ONDITION GIVE	N IN PART 1(0)	tp. was autops
200 PRI/ CAI	. EXTERNAL CAU MARY () or CON USE OF DEATH.	SE WAS TRIBUTING []	Ob DESCRIBE I	HOW INJURY OCCURRED	Enter nature of injury in	Part t or Part II of	item 18)		YES NO
20e	Hour o.m.	Month, Doy, Ye	While	URY OCCURRED 20e PL	ACE OF INJURY (Home, clary, street, office bldg.,	form 20f. (City or etc.)	town)	(County)	(State
		at I took charge esulted from:		moins described abouses 32 , Accident		ppsy 🍱 Insi , Homicide [pection [],], Undeter	Inquiry [], and in n
	TUAL GNATURE	RSG	robe	٠	mu	L EXAMINER			DATE SIGNED
	AMINER'S	Russell	S West	ner, M.D.		DICAL EXAMINER [_		7/2/59
20.0	RIAL	7-4-	The second secon	ac NAME OF CEMETERY O	R CREMATORY	Os la	IN (City, town, or	W.L.	(State)
3. FUN	HERAL DIRECTORY	SIGNATURE (1)	- 1 / m	ADDRESS TO	7 /	JUL 6 159		Chur S. H.	



06353

Reg. Dist. No.

	PLACE OF DEATH		2. USUAE RESIDENCE (Where deceased lived If institution Residence before admission)						
	Anne Arundel	MARYLAND	o Maryland b contine Arundel						
/[b. CITY OR TOWN If outside corporate fients, write RURAL ond give nextest fown)	NGTH OF STAY IN 16	c. CITY OR TOWN (If outs de corp	porate f mits, write RURAL and	give nearest town)				
		Few hours ?	? Brooklyn 25						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	(ve siree! oddress)	d STREET ADDRESS		IS RESIDENCE				
	New Cut Road		3816 Tenth Street						
	3 NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month	Day Year				
	(Type or print) John Marrow Moore J	June 23rd.	19 59						
	5. SEX 6. COLOR OR RACE 7. MARRIED X	NEVER MARRIED	DATE OF BIRTH	Level burth day 1	YEAR IF UNDER 24 HKS				
	M MIDOMED [DIVORCED []	2/31/31 2/23/31	28 yn					
	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND Olduring most of working life, even if retired)				EN OF WHAT COUNTRY?				
	Selector for A & P Warehou		Baltimore ,Md.		USA				
1	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME						
J	John M. Moore		Florence Cavar						
1	[if yes, give wor as doles of service]	L SECURITY NO. 17 INF		Address					
Ļ			rs. Audrey Moore,	Severn, Md. (W.					
1	18. CAUSE OF DEATH (Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY			2 42	INTERVAL BETWEEN UNSET AND DEATH				
1	IMMEDIATE CAUSE (6) DOTT THE TIC GOT MOUTHON OF OTHE THESE OTH ORDER OTHE								
1	176 X DUE TO		1 7143 00 3	1.93	Sudden				
1	gove rise to immediate course								
1	(e), staling the underlying (DUE 10								
	(c)								
1	PART II, OTHER SIGNINGANT CONDITIONS CONTRIBUTE	JI NG TO DEATH BUT NO	DI KERWIEN IO IME LEKWIMAL DIŽEVZ	ECONDITION GIVEN IN PART	PERFORMED2				
1	The Particular Calus Mar	Saluar accusate of		4.4	YES NO A				
1	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20d. EXTERNAL CAUSE WAS 20b DESCRIBE HOW	BAJURI OCCURRED (Em	ter noture of injury in Part I or Part II.	or item 18 j					
1	- 1 U007 IU	OCCURRED 720e PLACE	E OF INJURY (Home, form, 20f. (City	or lown) (Cou	nty) (Stole)				
П		Not while factor	y, street, office bldg., etc.)	evern A.A.					
1	21. I certify that I taak charge of the remain				<u> </u>				
1	opinion death resulted fram. Natural causes		-		Total .				
1	d A A	, Accident	J, Suicide AT, Hollificide	, Underermmed in	idniter []				
-1	SIGNATURE Constal Nambe	Silve	CHIEF MEDICAL EXAMINER		DATE SIGNED				
	SIGNATURE PEUSAGE /P 1 1000C	each	ASSISTANT MEDICAL EXAMINE	R 🔀					
	EXAMINER'S NAME (Type) Gustave H. Faubert	M D	DEPUTY MEDICAL EXAMINER						
1		AME OF CEMETERY OR C		TION (City, town, or county)	(Store)				
	PMACVAL (Specify)	len Haven Ce		m Burnie, Md.					
		DDRESS	24e REC'D BY REGIST		NATURE				
	McCully Funeral Homes 130 E. F	ort Ave.	DAMUN 2 4 '59	avilua 8. A	Crassa				

VS A15ME 6M 2/57



M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06354

CERTIFICATE OF DEATH 6375

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) STATE Maryland b. COUNTY Anne Arundel							
b. CITY OR TOWN (If outside corporala limits, write RURAL and give nearest lown) Bristol	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bristol							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS • IS RESIDENCE ON A FARM? YES A NO							
3. NAME OF DECEASED (Type or print) CDYGC WAURICE MAI	RELAND GEATH AMO 1959							
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iost bightopy) Months Days Hours Min							
	Apr11 2, 1872 87 yn.							
106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if reliced) Ret. Farmer Tobacco	STRY 11. BIRTHPLACE (Stole or foreign country) Anne Arundel County, Md. USA							
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
Richard F. Moreland	Mary M. Stallings							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address							
no no none	Mrs: Mabel Ida O'Keill Bristol, Maryland							
200 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED.							
Hour a. m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f (City or lown) (County) (Stole) ctory, street, office bldg., etc.)							
21. I certify that I attended the deceased from 1950, 19, to 1940, 1959, that I last saw the alive on 1959, and that death occurred of 2 2 9 M, from the causes and on the date state ADDRESS (Street, city or jown, state) DA SIGNATURE MD.								
PHYSICIAN'S R B Sasscer MD	V /							
200 BURIAL, CREMATION, 226 DATE THEREOF 200 NAME OF CEMETERY OF REMOVAL (Specify) Burial June 20, 1959 Mt Zion Cemeter								
23. FUNERAL DIRECTOR & SIGNATURE ADDRESS Hopping Funeral Home Annapolis, Md.	240 REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE Children & Thank							





1	_	X
the funeral director,	shauld be filed with	M

22a, BURIAL, CREMATION, REMOVAL (Spenify)
Burial

23 FUNERAL DIRECTOR'S SIGNATURE

Hopping Funeral Home

22b. DATE THEREOF

June 15, 1959

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06356

		_ 6	315	CERTIFIC	ATE OF DEATH	1		Reg. C	Dist. No.		
		undel Count		MARYLAND	2. USUAL RESIDENCE (Who so STATE I and		b. COUNTY	Anne	Aru	nd el	
	RURAL and give ne	arest tawn)	s, write C. LET	NGTH OF STAY IN 16	c. CITY OR TOWN (IF o		orate limits, write K	UKAL ON	give nec	irest faw	n]
	d. NAME OF HOSPITA	at (If not in hospitol, gr undel Gener	cal Hosp	ital	/d. STREET ADDRESS Glebe Hgts	}					SIDENCE A FARM2 NO
3.	NAME OF DECEASED (Type or print)	Fin	PEARL	Middle PITKEV	ITS	4. DATE OF DEATH	JUNE	12,	1959	'	Year 19
	SEX		_	NEVER MARRIED	B DATE OF BIRTH		9. AGE (In years last birthday)	Months.	R I YEAR Days	IF UND	ER 24 HRS
1 Qc	House	ng life, even if retired)		DIVORCED DE BUSINESS OR IND	Feb. 5, 1897 USTRY IN BIRTHPLACE (SIGNA Pittsburg,	Pa.	62 yrs	12.CI			COUNTRY
13.	FATHER'S NAME	**			14. MOTHER'S MAIDEN N		II-1				
16	Willia			CCCURITY NO. T	Maggie	, (Unknown)				
		CIN U. S ARMED FOR If yes, give war or dates of se NO	ervice)		. Carl Pitkevi	ts- H			ad #	2	
		the <u>under-</u>	Со: Ну	ronary th	rombosis ve cardio-va	scula	ar disea	3.50	ONS	24 h	OUP
CERTIF CATION		7 (c) ER SIGNIFICANT COND		BUTING TO DEATH BL	OT NOT RELATED TO THE TERMI	NAL D SEAS	E CONDITION GIV	VEN IN PA	RT 1(o) 1	P WAS PERFO YES	AUTOPSY DRMED?
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b DESCRIBE F	IOW INJURY OCCURE	IED. (Enter nature of injury in F	ort i or Par	t II of item 18)				
MEDICAL	20c TIME OF INJURY Hour a.m. p. m.	r Month, Doy, Yeo	While N		PLACE OF INJURY (Home, form, octory, street, office bldg., etc		y ar tawn)		(County)		(State
	actual SIGNATURE	at I attended the	deceased from		, 19.57, ta th occurred at 3:30	M ∰ram		id on th		state	
	PHYSICIAN'S -(cancis I C	odd MD	Go	v. Ritchie His	zhwav.	Severna	Parl	c. Me	aryla	and

moy be retained TO HOSPITAL

VS A15 (4) 15M 9/58

ADDRESS

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(State)

22d. LOCATION (City town, or county)

Annapolis, Maryland

Annapolis, Mi.

22c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

PATEN 1 6 '59

Ciriling & Kraus

TO HOSPITAL OR

TO HOSPITAL OR "ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours contents. Page 4 of FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

Page 3 shauld be detached for use as the content of the content of the content of the filled in by the filled with the filled with the content of the

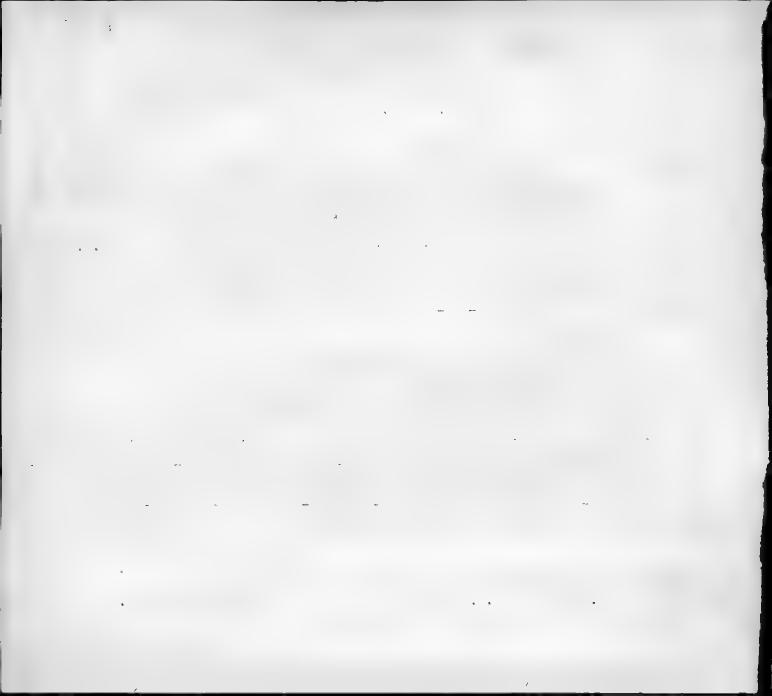
6376 CERTIFICATE OF DEATH

Reg. Dist. No.

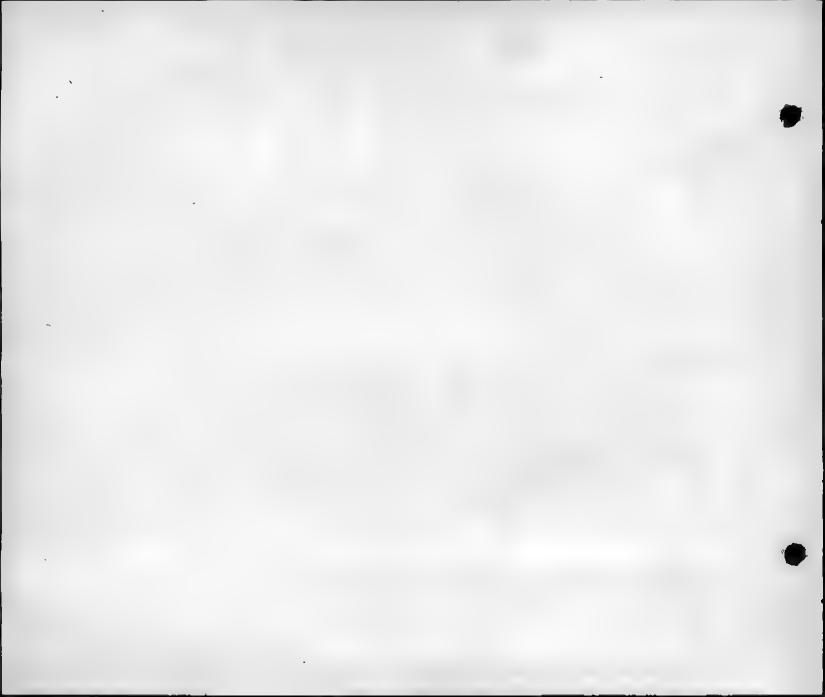
116357

- 1										MARIE DIS		_	
j	1. PLACE OF DEATH COUNTY ATME	Arundel		MAR	YLAND	or SIMIE	here ly		lived. If institution b COUNTY	n Residen			ion)
	RURAL and give he	outside corporate limi orest town) MSVILLE	ts, write	c. LENGTH OF STAY	- 11	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) // Annapolis							
ı,	d. NAME OF HOSP TO OR INSTITUTION	M (II not in hospital, g		_		d STREET A	ADDRESS		Avenue				DENCE FARM? NO P
	3. NAME OF DECEASED (Type or print)	for Anit		Middle	ė	Polla		4. DATE OF DEATH	Man 6	ih	Do;		rear 59
	5 SEX		7 MARE	HED NEVER MARR		DATE OF BIRT		440	9 AGE (In years lost birthday)	IF UNDER Months	1 YEAR Days	IF UNDE	R 24 HRS.
	Female Joe. USUAL OCCUPATIO	Negro N (Give kind of work in glife, even if retired)	fone 10b.	relations.		NOV.	LACE (State	ar fareign ca	76 yrs.	12. CIT	ZEN O	F WHAT	COUNTRY
	Unknown 13. FATHER'S NAME	ing the, even it terreo			-	Mary		IAME			U.S.	Α.	
	Joseph B	rown						Brown					
	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17. IN	Hospit			Addr	esi			
	PART I. DEAT	TH [Enter only one co			l umoni	Яуроз	static				INTE	RVAL BET	TWEEN DEATH
	Candilions, if an	Conditions, if ony, which gave rise to immediate couse (a), stoling the under Due TO Myocardial Fibrosis and Degeneration											
	lying couse lost.	ER SIGNIFICANT CON								EN IN PART	1(0) 19	I WAS A	UZOPSY
	5 -		-		_			=			140, 17	PERFO	MED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY C	CCURRED	(Enter nature a	of injury on P	Port I ar Part	II of item (B.)				aid
	ZOC. TIME OF INJURY Hour o.m.	Manth, Day, Yea	While	Nury OCCURRED Nat while	20e. PLAC	E OF INJURY (ary, street, office	Home, form, e bldg , etc.	20f (City	or lawn)	- (0	aunly)		(Slote)
	21. I certify the	of I attended the		ed fram	1/31 death	, 19 <u>.59</u> occurred at	8:50	≟M, from		nd on th	ast sa le dat	w the e	deceased d abave.
	ACTUAL SIGNATURE	Guercia	M	4	м	o Cro			ate Hosp		•	6/	TE SIGNED 13/59
	NAME (Type)	L. Renedic							ate Hosp			6/	13/59
	220 BURIAL, CREMATICI	22b. DATE THEREO	59	22c MAME OF CEM	ETERY OR	CREMATORY	1	22 TOCATI	ON (City, town, o	elis	, 5	(State	4.
5	ST FUNERAL BURECTOR'S	SIGNATURE /	7/21	nabal	6)	nd	1	BY REGISTR	10	TRAR'S SIG		E	

the registrar prior to buriol, cremotion, or removal, and in any event within 72 haurs after dealh.



(Stote)



6316 **CERTIFICATE OF DEATH** director, ited with 11 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed . o. COUNTY D. STATE **b. COUNTY** MARYLAND b. CITY*QR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAM and give nearest town) should d. NAME-OF HOSPITAL/(If yfot, in hospital, give street address) d'STREET ADDRESS OR INSTITUTION: 263 puo .5 4. DATE OF DEATH NAME OF Fine Middle Month DECEASED (Type or print) 6. COLOR OR RACE 5. SEX 7. MARRIED | NEVER MARRIED | DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED 🔄 DIVORCED | 10a. USUAL OCCUPATION (Give kind-of work done 10b KIND OF BUSINESS ORNINDUSTRY BIRTHPLACE (State or foreign country) during most of working life even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. INFORMANT Address nur attending 11 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO ۵ permit. Ony Conditions, if any, which peub gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CATIO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) as the MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lown) factory, street, office bldg., etc.) Hour a. m While Not while of work at wark LUNE, 1855, to 28 JUNE, 1957, that I last saw the deceased 21. I certify that I attended the deceased from. detached and that death accurred at 21P _M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) 2 FUNERAL DIRECTOR 3 should be de ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county) REMOVAL (Specify) 0 ADDRESS, 23, FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR VS A15 (4) DATE TIL 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#6359

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES [

NO X

(State)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

YES 🗍 NO 💆

Yeor

19

Min

Rea. Dist. No

Months



W		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
外		6317 CERTIFICATE OF DEATH Reg. Dist. No.
	1,	PLACE OF DEATH O. COUNTY Anne Afunde MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before profit places of the country of t
k)		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Annaho 15
1 :	3	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION A HARM? Anne Attende Gen Gasp. Hosp. OSIXA AVE., No. E. YES NO. E.
		NAME OF DECEASED (Type or print) Name OF DeceaseD (Type or print) Name OF Death June 6, 1959
		SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 14 6 WIDOWED DIVORCED Fully 4, 1894 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Fost birthday) Months Days Hours Min
~		during most of working life, even if retired) 13. 4. 6. R. Pennsylvania 12 CITIZEN OF WHAT COUNTRY? 13. 4. 6. R. Pennsylvania 14. S. A.
1)	L	Louis Remillioux Katherine (unknown)
		WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Green Barrier Was no or date of services Un known Mr. Robert Stephens Thincoln Ave.
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROMAR THROW BOSIS TO MOCARDIAL INFARCT 3 DAYS
		Conditions if any, which) (b) ARTERIOSCIEROTTE CARDWARD DISEASE WILLIAM
	_	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)
U	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \)
	CERTI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work of
		21 I certify that I attended the deceased from $6-3$, 1957, to $6-6$, 1957 that I last saw the deceased alive an $6-6$, 1957, and that death accurred a $245PM$, from the causes and on the date stated above
		ACTUAL SIGNATURE SUCCESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE SI
/		PHYSICIAN'S NAME (Type) AMNIFOLS MY
	L	BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Tune 9, 1959 Glen Haven Glen Burnie, Mo-
`	23	ADDRESS SLEN DESTRAR SIGNATURE DATUN 1 0 '59 Culing S. Khana



NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afti

TO HOSPITAL OR

VS A15 (4) 1SM 9/S8

death

hage a surviva or vercented in the registrar prior to build, cremation, or remaral, and in any event within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6318 **CERTIFICATE OF DEATH**

						_	Key. Dis	12 1101	
		PLACE OF DEATH D. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryla		COUNTY	e before admiss Arunde	_
1		b. CITY OR TOWN (If RURAL and give nea	autside corporate limits, write	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF				
		Annapolis		2 days	(Rural)	Severn		a IS DES	IDENCE
			t (If not in hospital, give street General Hospi		Jo. Sincer Abbress			ON A	FARM?
	3. [NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF DEATH	Month	/	Yeor
	S. 5		Oscar 6. COLOR OR RACE 7. MARR	IED TO NEVER MARRIED TO	RISLEY B DATE OF BIRTH	9. AGE (June	29 TYEAR IF UNDE	19 59 R 24 HRS
	1	Male	White widows				rthday) Months	Days Hours	Min.
)	10a	. USUAL OCCUPATION during most of working	(Give kind of work done 10b)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole	or foreign country)	12.CITI2	EN OF WHAT	OUNTRY?
		General	Labour Su	& Emfloyed	Marylai			U.S.	
	13.	FATHERS NAME	num) Rin	Pro	14. MOTHER'S MAIDEN	VAME LO			
		WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	- 0-200	Address SATE A	to out of	
			2,	8-14-2087 1	RS JULIA	RISLEY	3172 X	O 77 "	<u> </u>
			H [Enter only one couse per line H WAS CAUSED BY:	ne for (o), (b), ond (c).]	01 01.	. DOIL 11	- 15-	INTERVAL BE	
		0 ~ 1 /	MMEDIATE CAUSE (o)	-CAEDA	HE MEAN	CHAINE	-	24	147
		Conditions, if any	74	PTERINSCH	EPATICA	MASCULA	LP DIS	vek	L. 47.10
		gove rise to im cause (o), stoting th	mediate (4,2-10,11			
	_	lying couse lost.	(c)	V			0.00. au	1	
1	CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	PERFO	AUTOPSY RMED? NO 4
	CERTIFI	20a ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	UNDERLYING (1) 20b. DESC CAUSE OF DEATH (EDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Port 11 of Item	18.)		
	MEDICAL	20c. TIME OF INJURY	Month, Doy, Year 20d. If While	for the same of th	ACE OF INJURY (Home, formation, street, office bldg., etc.	n, 20f. (City or town)	(C	ounty)	(Stote)
	ME	p. m.	19 at worl						
			t I attended the deceas		7, 1957, 10		19 Shat I las		
		alive on	June 29, 195	9and that death	occurred at 2:48	ADDRESS (Street, city			abave E SIGNED
ļ		ACTUAL	duary -	1 Beck	41 Sout	thgate Ave.		4.2 . 4	59
		PHYSICIAN'S NAME (Type) EC	iward S. Beck		Anna po	lis. Md.			
	220	BURIAL, CREMATION REMOVAL (Specify)	17 - 2-1959	22c. NAME OF CEMETERY C	R CREMATORY	22d LOCATION (City	n lown, or county)	(Stot	e)
	23.4	THERAL DISSETORS		ADDRESS		D BY REGISTRAR 2	46. REGISTRAR'S SIG	NATURE	
	19	1.20	The Floris	1 Burney	/7// 200 KEC	till 6 '59	O.tl.	_	

CARRELIA MINISHIE COM the second secon

HEALTH DEPT. Page Health, our files.

40

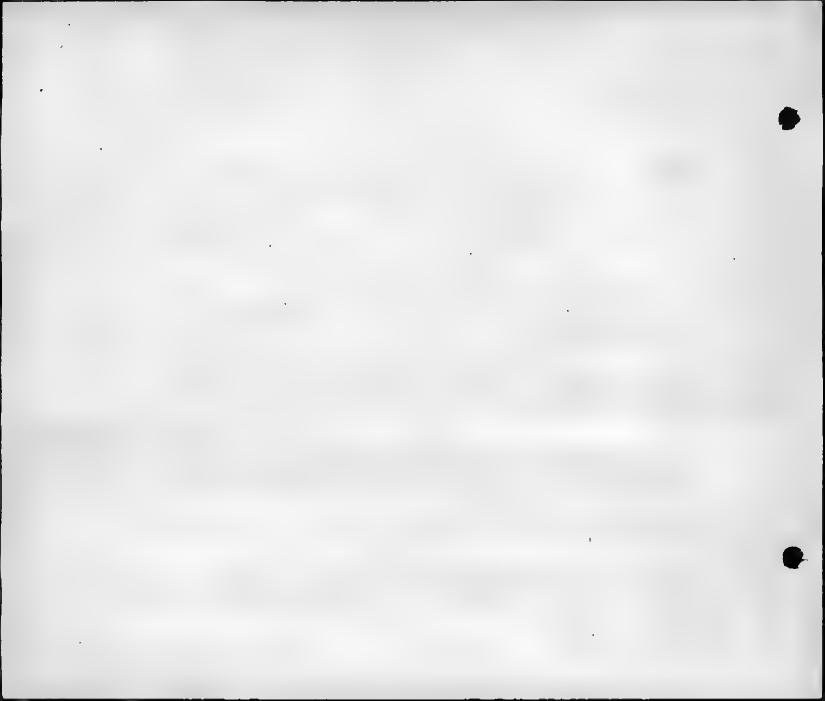
TO DEPUTY MEDI EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is nec execute the certile, writing the ward "panding" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral dischauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far, y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated again, prior to burial, cremation, or remayol, and in any event within 2 boars after death

VS ATSME 5M 2,57

4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 631MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-		Reg. Uisi. No.
	P - COLLINY JA JA FW	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	MARYLAND	o. STATE 43 b. COUNTY Affac
	b. CITY OR TOWN (If aviside corporate limits, write RURAL ond give agency (own)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Amnabalis (D.O.A.)	HILLERSVILLE - MERY Land.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
2	D.O.A. HUNE ARUNCEL. General. E	Waten - Box 254 UProcht Rd. YES NOT
	DECEASED	Lost A DATE Month Day Year
-	(Type or print) 61/1/324	JMAKI DEATH 6 27 1959
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAT	TE OF BIRTH 9 AGE (In years IFUNDER 14FAR IF UNDER 24 HRS few birthday) Months Days Hours Min
-	MIDOWED DIVORCED	yrs yrs
	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 1 during most of work no lifer even if retired)	1). BIRTHPLACE (Stole onforeign country) 12. CITIZEN OF WHAT COUNTRYS
-	Carpenter Loca / "101	rinkand 11. J. 11.
13	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
-	10237 CF 1(1310 Max)	(Inknown
IVa IVa	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFOR	Grs-Helia Pistomaki Same Astiz
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL ELTWEEN
	PART I. DEATH WAS CAUSED BY: Caronary disease	ONSET AND DEATH
	420.1 DUE TO	
	Conditions, If ony, which) (b)	
	gove rise to immediate couse	
	(o), stating the underlying DUE 10	
Ιź	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
IĘ	ATH	PERFORMED?
CERTIFICATION	E 200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED (Enter	nature of injury in Port I or Part II of Item 18)
Ü	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
13	3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c, PLACE O	F INSURY (Home, form, 201. (City or fawn) (County) (State)
MEDICAL	Hour o.m. White Not white factory, s	treet, affice bldg., etc.)
~	21. I certify that I took charge of the remains described above,	held on Autopsy , Inspection F., Inquiry , and in my
	opinion death resulted from Natural causes . Accident .	Suicide , Hamicide , Undetermined manner
	601,	
	SIGNATURE O Genkach	CHIEF MEDICAL EXAMINER (
	1.1.1	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S E. LINHARDT	DEPUTY MEDICAL EXAMINERS
22	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREATERY OF	WATORY 22d, LOCATION (City, fown, or county) [State]
	Burrel June30,59 100/10. /Vai	1. (cm. 10a/timope, /11)
23	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 245, REGISTRAP'S SIGNATURE
13	Il interestation tolor (Section 8)	19d page 111N 3 0 159 Cather & 45 114



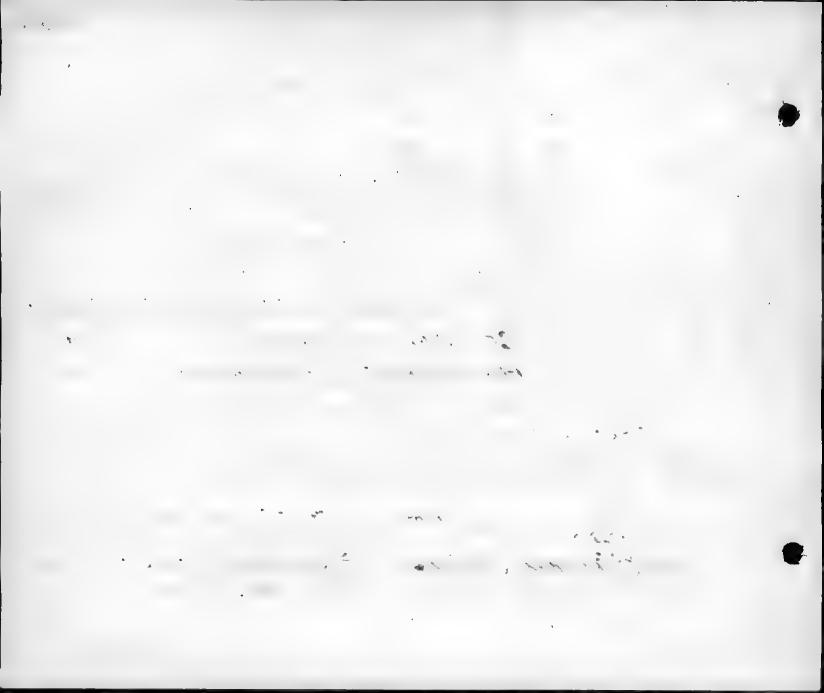
December 19 County A County (If outside corporate limits, write EURAL and give negretal from) BEIGHAL and give negretal from) County A County (If outside corporate limits, write EURAL and give negretal from) County A		CEKTIFICATE	OF DEATH	Reg. Dis	t. Na.					
RURAL and give hearest lower) O 2 STATE TO HUMMPOUS O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) S. S. K. O. COLOX OR RACE O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. S. S. K. O. COLOX OR RACE O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on to happible, give street address) O. NAME OF MOSPITAL (I'm on the happible, give street address) O. NAME OF MOSPITAL (I'm on the happible, give street address) O. NAME OF MOSPITAL (I'm on the happible, give street address) O. NAME OF MOSPITAL (I'm on the happible, give street address) O. NAME OF MOSPITAL (I'm on the happible, give street address) O. NAME OF MOSPITAL (I'm on the happible, give street address) O. NAME OF MOSPITAL (I'm on the happible, give street address) O. NAME OF MOSPITAL (I'm on the happible, give street, give	PLACE OF DEATH O. COUNTY 7 7	A			e before admission)					
d. STREET ADDRESS d. STREET ADD	RURAL and give nearest tawn)			proporate limits, write RURAL and g	ive nearest fawn)					
DECRAFED IN J. A. COLOR OR RACE TOWNS OF CHARGE OF THE STREET OF THE STREET OF STREET STREET OF STREET STREET OF STREET	 d. NAME OF HOSPITAL (If not in hospital, give street addr OR INSTITUTION 	ess) / d		0.70	e. IS RESIDENCE ON A FARM' YES NO					
DIVORCED DIV	DECEASED (A)D)			1 / 5 12						
ACTUAL The second seco			E OF BIRTH / > 3	tast birthday) Months						
3. FATHER'S NAME ### AS DECEASED EVER IN U. S. ARMED FORCES? In 6. SOCIAL SECURITY NO INFORMANT ### WAS DECEASED EVER IN U. S. ARMED FORCES? In 6. SOCIAL SECURITY NO INFORMANT ### WAS CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] ### PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) #### DUE TO Conditions if ony, which gave rise to immediate course [b] ### ID OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COCCURRED [CITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COCCURRED [CITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COCCURRED [CITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COCCURRED [CITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS ALT PERFORM ### P	during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign		ZEN OF WHAT COUNT					
The contribution Clayer of odde of service The contribution Th	3. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME							
The contribution Clayer of odde of service The contribution Th	HEZERIAH WARD		SALLY E	ROGERS	-					
18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY DUE TO Conditions if any, which gave rise to immediate course (o). storing the under line of the under l										
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions if ony, which gave rise to immediate couse (a), stoing the yunder lying couse lost. DUE TO Conditions if ony, which gave rise to immediate couse (b), stoing the yunder lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALT PERFORM. YES NOT NOT THE PROPERTY OF CONTRIBUTION OF THE PROPERTY OF CONTRIBUTION OF CONTRIBUTION MEDICAL EXAMINER) 200. ACC DENT WAS UNDERLYING OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION MEDICAL EXAMINER) 200. ACC DENT WAS UNDERLYING OF CONTRIBUTION OF CONTRI	ID CALLE OF DEATH IT I I I		ZSWONINA	OUGEN CITO						
IMMEDIATE CAUSE (o) DUE TO DUE TO Conditions if any, which gave rise to immediate couse (a), stating the under lying course lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART III. OTHER SIGNIFICANT (Cause of post part in part 1 are part II of item 18.) OR CONTRIBUTING CAUSE of post part in part 1 are part II of item 18.) OR CONTRIBUTING CAUSE of post part in part 1 are part II of item 18.) OR CONTRIBUTING CAUSE of post part in part 1 are part II of item 18.) OR CONTRIBUTING CAUSE of post part in part 1 are part II of item 18.) OR CONTRIBUTING CAUSE of post part in part 1 are part II of item 18.) OR CONTRIBUTING CAUSE of post part in part 1 are part II of item 18.) OR CONTRIBUTING CAUSE of post part in part 1 are part II of item 18.) OR CONTRIBUTING CAUSE of part in part 1 are part II of item 18.) OR CONTRIBUTION (City part part) (Cause) of part part 1 are part II of item 18.) OR CONTRIBUTION (City part part) (Cause) of part part 1 are part II of item 18.) OR CONTRIBUTION (City part part) (Cause) of part part 1 are part II of item 18.) OR CONTRIBUTION (City part part) (Cause) of part part 1 are part II of item 18.) OR CONTRIBUTION (City part part 1 are part II of item 18.) OR CONTRIBUTION (City part part 1 are part II of item 18.) OR CONTRIBUTION (City part part 1 are part II of item 18.) OR CONTRIBUTION (City part part 1 are part II of item 18.) OR CONTRIBUTION (City part part 1 are par					ONSET AND DEAT					
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALT PERFORM. YES NOT PREFORM YES NOT YES NOT THE PROFILE OF PREFORM YES NOT YES NOT YES NOT YES NOT YELLOW YES NOT YELLOW YELLOW YES NOT YELD	Canditions if any, which gave rise to immediate cause (a), stating the under-	RIOSCLEROS	15. GENERO	HIZED	10 YRS					
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While of work of wore of work	(6)				1					
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While of work of wore of work	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO									
21. I certify that I attended the deceased fram MA . 1857, to 29 Joint . 1957, that I last saw the deceased alive an 8 Joint 1957, and that death accurred at 1957, that I last saw the deceased alive an 8 Joint 1957, that I last saw the deceased fram 1957, and that death accurred at 1957, that I last saw the deceased fram 1957, that I last s		HOW INJURY OCCURRED (Ente	er nature of injury in Part I ar	Part II of item 18.)						
alive an aboress (Street, city or town, state) ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNATURE M.D. ADDRESS (Street, city or town, state) M.D. ADDRESS (Street, city or town, state) DATE SIGNATURE W.D. ADDRESS (Street, city or town, state) DATE SIGNATURE 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) TO COUNTY TO COUNTY 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	Hour a.m. While	Not while factory, s	F INJURY (Hame, form, 20f. (treet, affice bldg., etc.)	City or town) (C	aunty) (St					
ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNATURE ADDRESS (Street, city or town, stote)	21. I certify that I attended the deceased									
ACTUAL SIGNATUR SIGNATURE ACTUAL SIGNATUR SIGNATURE M.D. HASTICITY OF CREMATORY SIGNATURE 22c NAME OF CREMATORY SIGNATURE 22d LOCATION (City, Joyn, or county) M.D. HASTICITY OF CREMATORY SIGNATURE 240, REC'D 8Y REGISTRAR 24b, REGISTRAR'S SIGNATURE	alive an 28 JUNE, 1957	, and that death accu	irred at 1 7 M, fro	im the causes and an the	date stated abo					
NAME (Type) 20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3. FUNERAL DIRECTOR'S SIGNATURE 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, toym, or county) 4. ADDRESS 22d LOCATION (City, toym, or county)	ACTUAL SIGNATUR SIGNATUR	Beek M.D.	Al Souther	S (Street, city or town, state)	G/JU/S					
REMOVAL (Specify) 7/1/59 2UDKER TILESUME ADDRESS ADD	PHYSICIAN'I NAME (Type)		Junipol	es med.						
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1/240, REC'D 8Y REGISTRAR 24b, REGISTRAR'S SIGNATURE	REMOVAL (Specify)	NAME OF CEMETERY OF CREA	MATORY 22d LC	CATION (City, layin, ar county)	(State)					
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D 8Y REC	GISTRAR 246, REGISTRAR'S SIG						

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon paper toget and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. oth, Page 4 NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs af

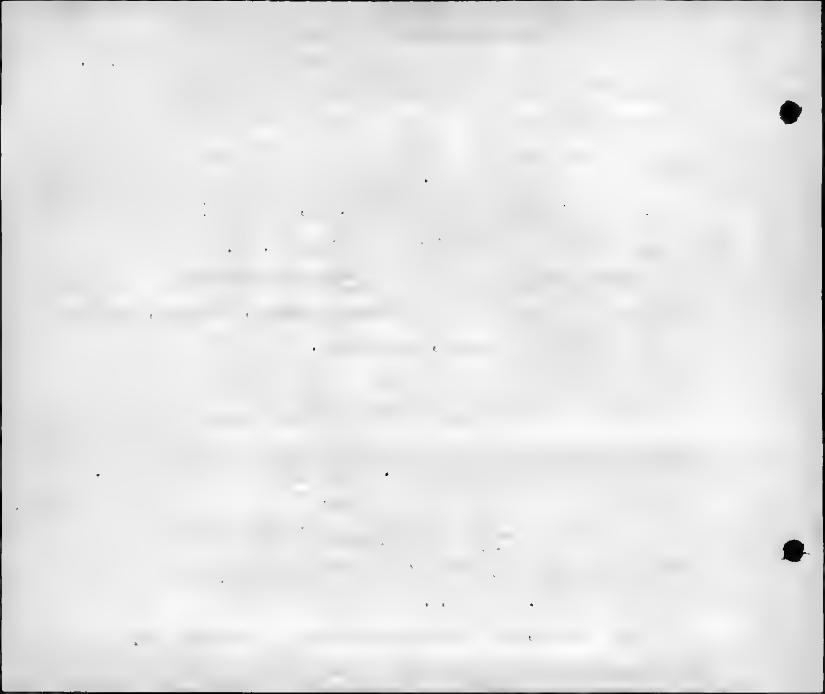
TO HOSPITAL OR

VS A15 (4) 15M 9/58



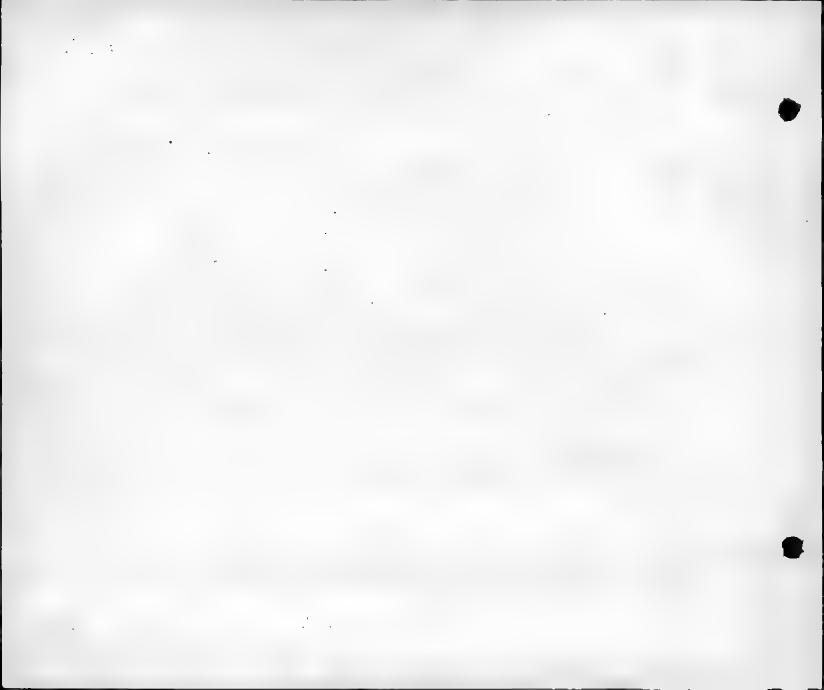
MED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FOR STATE HEALTH DEPT.

M

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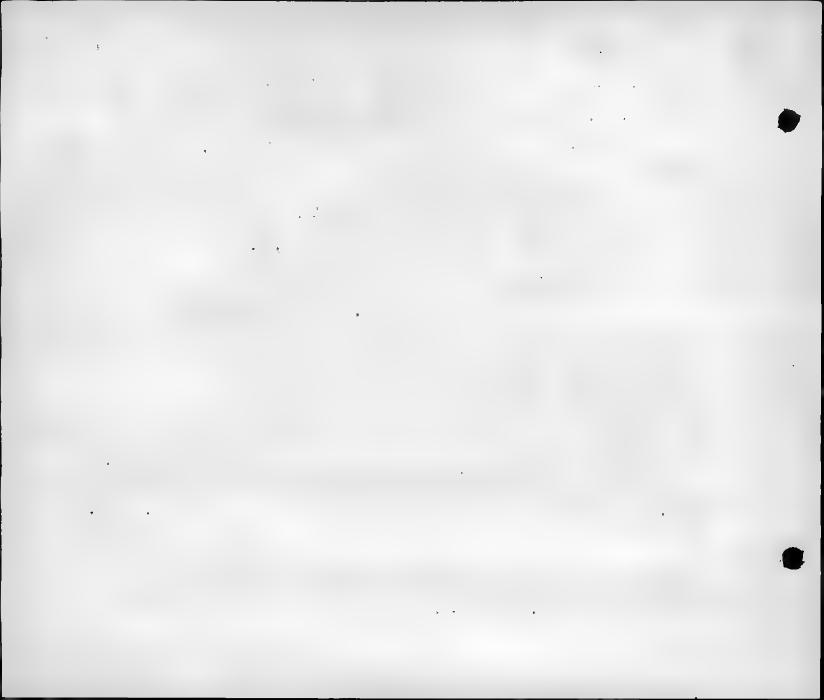
Examines the cert of writing the word "pending" in pencil in item, 18. Give Pages 1, 2, and 3 to the funeral decembers of the cert of writing the word "pending" in pencil in item, 18. Give Pages 1, 2, and 3 to the funeral decembers of the found be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shaufd be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hauf ofter death.

VS ATSME \$M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6378

03.	18					Reg. Dist	No.
I PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased	Lived. If institu	ition: Residenc	e before admission)
Anne Ar	undel	MARYLAND	° ST Warylan	nd	b. COUNT	Υ ′	
b. CITY OR TOWN () outs de	corporate him to, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		rote limits, write	RURAL end g	've neorest lown)
Margate, P.O.	Glen Burnie	few minutes	Sykesville	1			
d. NAME OF HOSPITAL OF	R INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Marley	Creek		Route 1 I	ibery E	ld.		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4 DATE	Month	,	Day Year
	ary Michael	Schroeder			une 26		19 59
5. SEX 6. C	OLOR OR RACE 7. MA	ARRIED 🔲 NEVER MARRIED 📑 8.	DATE OF BIRTH	9.	AGE (in years lest birthday)	IF UNDER TY	
M	M MIDG	OWED DIVORCED	11/19/4/3 19	143	15 ym.	Months Do	ys Hours Min.
10a USUAL OCCUPATION (G during most of working life,		Ob. KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stote	er foreign cov	ntry)	12. CITIZE	N OF WHAT COUNTRY
None	even w remicuj		Baltimore,	Md.		USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Wa lter	Schroeder		Alma Mar	tinez			
15. WAS DECEASED EVER IN	U. S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17. IN	FORMANT		Addren		
Line or an annual lit last	, give war or dates of service]	l M	r. Walter Sc	hroeder	fathe	r)	
18. CAUSE OF DEATH	inter only one couse per					I	INTERVAL BETWEEN
PART I, DEATH W		Accidental Drown	ing				Sudden
9248	DIATE CAUSE (6)	1100140HULL DIONI					
Conditions, if any, v	11.1.1						
gave fise to immediate	touse (
(a), stating the under							
	J (c) GNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE O	ONDITION GIV	EN IN PART I	INTERPRETATION OF THE PROPERTY
3							PERFORMED?
PRIMARY EXOF CONTRIBUTE CAUSE OF DEATH.	AS 206. DESI	CRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Par	rt I or Part If of	b bha) oi	rowned	
1		ent in the water				s take	n with cram
20c. TIME OF INJURY		Od INJURY OCCURRED 20e PLAC	E OF INJURY (Home, formants, street, office bldg., etc.)	m, 20f (Cily o	r town)	(Count	y) (Stole)
3.30 p.m. 6/			ey Creek	Max	cate	A.A	Md.
21. I certify that I	taak charge of th	ne remains described abar		sy 🔲, Ins	pection 🟋,	Inquiry	, and in my
apinion death resu	Ited fram: Natur	al causes 🔲. Accident 🛣], Suicide [],	Hamicide [, Undete	rmined mo	inner 🔲
ACTUAL GO 11	stanoN'	Der be adre		_			DATE SIGNED
SIGNATURE	acous	13 Jacobs W	_ M.D. CHIEF MEDICAL E		_		0,,,,,
EXAMINER'S			ASSISTANT MEDIC				
MAME (Type) Gue	tave H. Fa	ubert, M.D.	DEPUTY MEDICAL			26/59_	
220. BURIAL, CREMATION, 2	26 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	/	ON (City, town,	or county)	(Stole),
13411a]	June 39,195	9 Lorraine		W	odla-v	4 H	mol
23. FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS	240. REC	D BY REGISTRA		STRAR S SIGN	
John J Star	sbury .	6411 Windsor M	I / /CC DATE T	UL 1 '59	C	thun & t	isaus



VS A15 (4) 1SM 9/58

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ARYLAND	STATE I	DEPARTMENT	OF HEALTH-BA	ALTIMORE, 18
and tom D	304 1 A CO	4 1 7 1 - 5 2	A+	

MARY 6323 CERTIFICATE OF DEATH

1									MAN. DIST. 14	··		
1, PLACE OF DEATH a. COUNTY	Anne Arunde	٦.	MARYLA	- 11	a. STATE		ere deceased live	d If institution b. COUNTY			an)	
					Maryland Anne Arundel							
B, CITY OR TOWN I	(If outside carporate lim	its, write	c LENGTH OF STAY IN	16	c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)							
Annapol			3 days		× Millersville							
d. NAME OF HOSPI	TAL (If not in haspital, g	give street	address)		d. STREET A	DDRESS TO	* · · · · · · · · · · · · · · · · · · ·	A . O	D.2	e (S RESI	DENCE	
Anne Arund	el General	Hosp:	ital		4		ox 271- ing/Home	a seve	rn na.	YES [
3. NAME OF	Fi	ret	Middle	- 4.1	/ / / / / / / Lasi	1111	4. DATE	Mani	· ·	Day Y	108	
DECEASED		1.20		CST			l OF	_	10			
(Type or print)	Mary	,	T.		IEARER		DEATH	June			9 59	
5. SEX		7. MARR	RIED NEVER MARRIED		DATE OF BIRTH		l la	GE (In years Libirthday)	Months Days	_		
Female	White	WIDOW	DIVORCED		Dec. 14	, 1878	3	30 yrs	Manths Days	Hours	Min	
10a. USUAL OCCUPATI	ON (Give kind af wark	dane 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (State o	ar foreign country)	12. CITIZEN	OF WHAT CO	DUNTRY?	
)					n, ALA		USA	Δ		
At hom	ie				14. MOTHER'S				002	. 7		
S. PATHER'S NAME	T 1 5											
10 11110 05551455051	John To					Susie	Dubarr					
	ER IN U. S ARMED FOR (If yes, give wor or detector)		SOCIAL SECURITY NO		ORMANT			Addr				
No			None	W	m.R.	Powe.	11-415 F	enn St	Bal	timor	e, Mo	
	ATH (Enter only one co		ne far (a), (b), and (c).]						II.	TERVAL BET	WEEN	
PART I. DE.	ATH WAS CAUSED BY:		EREBRA	2.1	7- 11.F	0.00	055		0	SET AND	DEATH	
220V									-	2_4/8/	<u> </u>	
" " " Y	DUE TO	10	TERIOSCIE			/	/			/_		
Conditions, if a		PIK	IEKIOSCIE	CC_	15,	6 E L	VEKIK	ZED	e	non	0000	
gave rise to cause (a), stating			•								*	
lying cause last.		n)										
Z PART II OT	HER SIGNIFICANT CON	IDITIONS O	CONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO	THE TERMU	NALD SEASE COL	NDITION GIV	EN IN PART I(a)	19 WAS A	UTOPSY	
PART II OT	212.00 11- 7									PERFOR	RMED?	
3 01	ONCHOR		monia							AF2	NO 🕖	
200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING A	20b. DES	CRIBE HOW INJURY OCC	URRED	(Enter nature al	fintury in P	art I or Port II at	item 18)				
	MEDICAL EXAMINER											
20c. TIME OF INJU	RY Manth, Day Ye	1		e PLAC	E OF INJURY (I	tame, farm,	20f (City or to	wn)	(Caunt	у)	(State)	
Y 20c. TIME OF INJU	19	While at war	k at work	TOCIO	ry, sireer, orrice	bidg., etc.	'					
				1.	· manual Co	10	÷ 7					
21. I certify to	hat I attended the	deceas					7 JUN					
alive an	1 8 201	Z, 12S	Z, and that d	eath a	iccurred at <u>:</u>	2:37A	M, fram the	causes and	d an the da	te stated	abave.	
	3)	1	PAT 1				ADDRESS (Street,	city or town,	state)	DATE	SIGNED	
ACTUAL	Mulan	1/20	40000		. 1.	Sout	thgate A	ve.	6.	19/59	,	
SIGNATURE	accurate the	4	1 July	M.:	v				<u>-</u>			
PHYSICIAN'S	Edward S.	Book			A:	nnapo	lis. Md					
NAME (Type)						mapo.		<u> </u>				
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO	OF.	22c. NAME OF CEMETE	RY OR	CREMATORY		22d LOCATION	(Cîly, tawn, o	ir county)	(State)	
Burial	6/23/19		Chattanoos	ra. I	Wenmri	al	Chatt	anooga		Tenn.		
23. FUNETAL PLECTO		////	AND RESS				BY REGISTRAR	24b. REGIS	TRAR'S SIGNAT	URE		
Ellsworth	Armacost-	4600	Liberty Hg	hts.	Ave.	DATE JU	N 2 5 '59	Q.	thung 8 th	au.A		



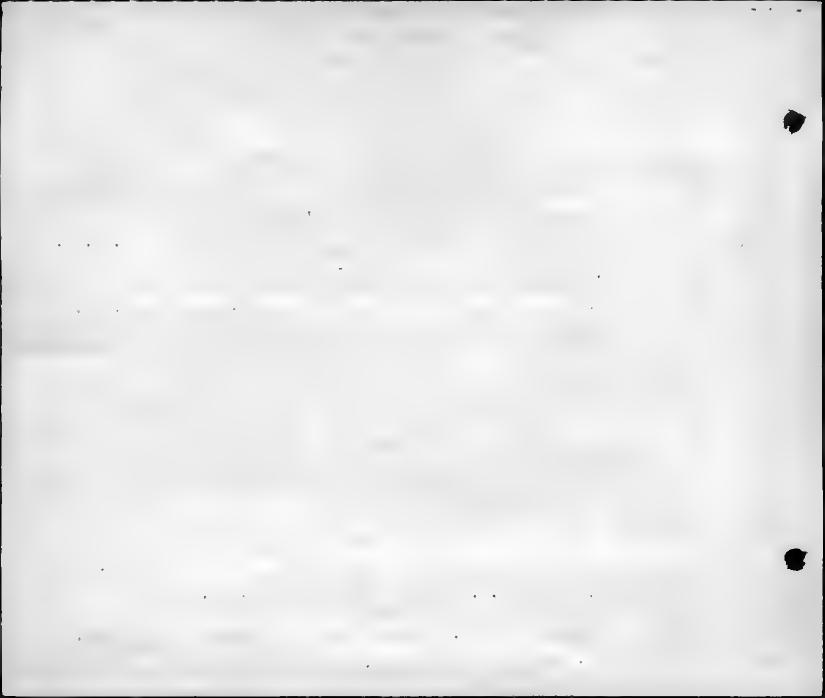
VS A1S (4) 1SM 9/SS CERTIFICATE OF DEATH

6379

06367

Reg. Dist. No.

	PLACE OF DEATH b. COUNTY Anne Arundel	MARYLAND	o. STATE		lived. If institution, Residence b COUNTY			
\vdash	b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16		laryland		Arundel		
	RURAL ond give reorest fown) Lothian	Life	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Lothian					
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET A			e. IS RESIDENCE		
	OR INSTITUTION	,	1 /	-		ON A FARM? YES NO		
1	NAME OF () a A COM	Middle		4. DATE	<u> </u>			
Ĺ	NAME OF DECEASED (Type or print) Lartrede (Craudall	Sherte	DEATH	June	Doy Year 1959		
S. :	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRT	Н		TYEAR IF UNDER 24 HRS.		
	F WIDOWE	D P DIVORCED	April 4	1888	71 yrs Months	Days Haurs Min		
10a	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPL	ACE (State or fareign co		ZEN OF WHAT COUNTRY?		
	during most of working life, even if retired) Housewife	Own Home	IV.	Marvl and	U	. S. A.		
13.	FATHER'S NAME			MAIDEN NAME				
	Julius E. Crandell		Ret	uria Ways	on			
15.	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. H	NFORMANT	azza waju	Address			
[Ye	. no, or unknown) (II yes, give war or dates of service)	Co	ntnudo	Sherbert-	Lathian	16 a		
⊨	18. CAUSE OF DEATH [Enter only one couse per lin		1.c I.uue	Puetner -	- Lothian			
	PART I. DEATH WAS CAUSED BY:		- 1	wion		ONSET AND DEATHA.		
	IMMEDIATE CAUSE (o)	roscary of	rele	non		muedell		
	happy the DUE TO	0						
	Conditions, if any, which (b)							
	cotse (e), stating the under-							
I_	lying couse last. (c)							
CERTIFICATION	PART 18. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO N		
ΙĔ	20g. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in Part I or Part	II of item IB.)	100 100		
183	206. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,	• •	•			
		UURY OCCURRED 20e, PU	ACE OF INDURY (Home, farm, 20f. (City	or traval	aunty) (State)		
MEDICAL	Hour a.m. 10 While	Not while for	dory, street, affice	bldg., etc.)	or round	oomy, (side)		
2	р. т.			0.400				
	21. I certify that I attended the decease	77			19.59, that I l			
	alive on 195 May 195	.9, and that death	accurred at	1 Py M, fram	The causes and an th	e date stated above.		
	4(1/1)		1.1	ADDRESS (SI	eet, city or town, state)	DATE SIGNED		
	ACTUAL SIGNATURE SIGNATURE	New Y	M.O. STEL	ulice	· Lown	Md.6/16/59		
	PHYSICIAN'S G J. Weems, M.	D.	Hunt	ingtown	Md.			
220	BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d, LOCATI	ON (City, tawn, ar county)	(State)		
	Burial 6/18/59	Mt. Zion C				• • •		
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	awaret.A	240 REC'D BY REGISTR	AR 24h, REGISTRAR'S SIG	Md		
	and the second s	iome-va Upper	o Ma	59' 0 3 אטונייי	0.11. 1 3 1	Traug.		



1 1/	1						NT OF HEALT			, 18
STATE			6380 MI	DICA	LEXAMINE	:K 3	CERTIFICA	IE OF	DEATH	Rag
H DEPT.	1.	PLACE OF DEATH	0000				2. USUAL RESIDENCE	Where decease	dived If mi	
183	4-	Anne Arune	lel	. III BAT	MARYL		o. STATE Same	It as to do asses		
	1	and give nearest lown)		4 KURAL	E RAGIN OF SIXI II	110	c. CITY OR TOWN (ir ourside corp	orote limits, wr	IS KOKAL
	-	Glen Burnie		If not in hosp	2 year nidress		Ad. STREET ADDRESS			
X				,	, gre areer outling		/			
v		615 Elizaba:	in Ru	r, r	Middle	. []	Same_	4. DATE	Mo	nth.
		DECEASED (Type or print) 1	Bert W.S	hryock				OF DEATH	June	
	5. 5	EX 6.	COLOR OR RACE	7. MARRIEI	D NEVER MARRIED	8	DATE OF BIRTH	1	9 AGE the years	
		M	IJ	WIDOWED		_	6/1/77		lost birthdoy) 82 Yr	Monii
	10a	USUAL OCCUPATION	Give kind of work	done 10b Kl	ND OF BUSINESS OR IN	NDUSTR'	Y 11. BIRTHPLACE (SIOI	e or foreign oc		12
	(furing most of working li					Nebraska			
-)	13.	FATHER'S NAME					14. MOTHER'S MAIDEN			
		Bert Shryo	ck				Unknown			
	15. (Yes	WAS DECEASED EVER I			OCIAL SECURITY NO	17 INI	FORMANT		Addre	195
		No.		47	4-09-7858	Mr	s.Michel J.	Majoros	(daug)	iter.)
		18 CAUSE OF DEATH	Enter only one com	use per i na fi	or (a), (b), and (c).]					
		11 TATE IM	MEDIATE CAUSE (o	Cor	onary Occlu	1510	n			
		4-001	DUE TO							
		Conditions, if ony, gave rise to immediate	e couse							
		(o), stating the und	erlying DUE TO							
	7		SIGNIFICANT CON	IDITIONS CO	NTR BUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION (SIVEN IN
7	CATION			-						
	IE.	20a. EXTERNAL CAUSE	WAS 2	Ob DESCRIBE	HOW INJURY OCCURR	RED (En	ter noture of injury in Po	et for Fart It o	of item 18.)	
	2	PRIMARY OF CONTR	IBUTING LI							
	MEDICAL	20c. TIME OF INJURY	Month, Day, Ye			e PLACI	E OF INJURY (Home, for	m, 20f (City	or lown)	
	MEG	Hour o. m p. m.	19	While of wor	k O of work		y, mee, or early to			
		21. I certify that	I look charge	e of the re	emains described	abay	e, held an Autap	sy 🔲, In	spection [, Inc
		opinion death res	ulted fram:	Natural c	auses 💢 . Accide	en1 [], Suicide [],	Hamicide	. Unde	ermine
		ACTUAL	1	ND	/ 1					
		SIGNATURE SULL	plane	HIF.	hubeas	US-	M.D. CHIEF MEDICAL		_	
	4						ASSISTANT MEDIC	TAL FYAMINE	/ E T	

Lakewood Cem.

ADDRESS

06368

e. IS RESIDENCE ON A FARM? YES NOTE

Hours Min

Reg. Dist. No. institution. Residence before admission)

write RURAL and give nearest town)

Months Days

USA

2rd 19 59

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH Sudden

IN GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) (X), Inquiry (C), and in my ndetermined manner DATE SIGNED DEPUTY MEDICAL EXAMINER Gustave H. Faubert, M.D. DEFU

TON | 226 DATE THEREOF | 272. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Mirmeapolis, Minm.
BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR DATE JUN 25 '59 arthur S. Krous

VS. A15ME 5M 2/57

NAME (Type)

270. BURIAL CREMATION 226 DATE THEREOF BEMOVAL (Spec Fy)
BUT AL June 26

23. FUNERAL DIRECTOR'S SIGNATURE

TO DEPUTY MI.

AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is resory, please execute the certificate ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the registrar priar to burial, cremation.

VS. ATSME(S) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6381 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16369 Reg. Dist. No.

									<u></u>	
1. PLACE OF DEATH o. COUNTY An	ne Arundel		MAR	YLAND	2. USUAL RESIDENCE (V			rion. Residence YPrince		
and give nearest tow	(If ourside corporate limits, writen) st River	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (III	•				
	TAL OR INSTITUTION (If nat in hos	pital, give street addre	PS\$}	d. STREET ADDRESS Route		c 234		ON	RESIDENCE I A FARM?
3. NAME OF	Fir	t)	Middle		Losi	4 DATE	Mont			Year
(Type or print)	JOS	EPH	LERO		SNOuffer	OF DEATH	June			19 59
s. sex Male	White	7. MARRIE	NEVER MARRIE		DATE OF BIRTH Jan. 24-191	, i	AGE (In years lost bertheoy)	Months Do		Min.
		dane 10b. K	drews A.A.	Fore	NY 11. BIRTHPLACE (Stote	or foreign coun		12 CITIZE	N OF WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN I					-
Otto Snov	uffer				Ethel M. B	enton				
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO		FORMANT	ouffer	Address Same a	s # 2.		
Conditions, if a gave rise to lumm (o), stating the cause last.	ediate cause		ning						· · · · · · · · · · · · · · · · · · ·	
CATE		DITIONS <u>CO</u>	INTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERM	INALDISEASE C	ONDITION GIV	EN IN PART 1	(a) 19 WAS PERFO YES X	AUTOPSY DRMED?
	USE WAS 20 PATRIBUTING 12	b DESCRIBE	HOW INJURY OCCU		iter noture of injury in Par f boat	tion Partillafi	item 18.)			
20c. TIME OF INJU		. While		20e. PLAC facto	E OF INJURY (Home, form ry, street, office bldg., etc.	West		(Count Anne At		(Stote) Md.
				d ohos	Water re, held on Autops		ection .		, ond	
	d from Notural		_				etermined c			THIC INC
ACTUAL SIGNATURE	1 wel- 1.7.	227			_MLD. CHIEF MEDICAL EX	(AMINER []				SIGNED
EXAMINER'S NAME (Type)	William V.		t, Jr., M.	D.	ASSISTANT MEDICAL	_ "	3		6/24,	/59
270. BURIAL, CREMATION REMOVAL (Specify Burial	June 26 -	59	22c. NAME OF CEMET		REMATORY Demotory		N (City, town, o	**	(Stot	10}
230 FUNERAL DIRECTO	R'S SIGNATURE 166		ADDRESS od Hope Ros	ad S.	-	D BY REGISTRAI	24b. REGIS	trar's sign	ATURE	

<u>-</u>

VS A15 (4) 15M 9/55

TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the death. Page 4 may be retained the hospital and attending physician.

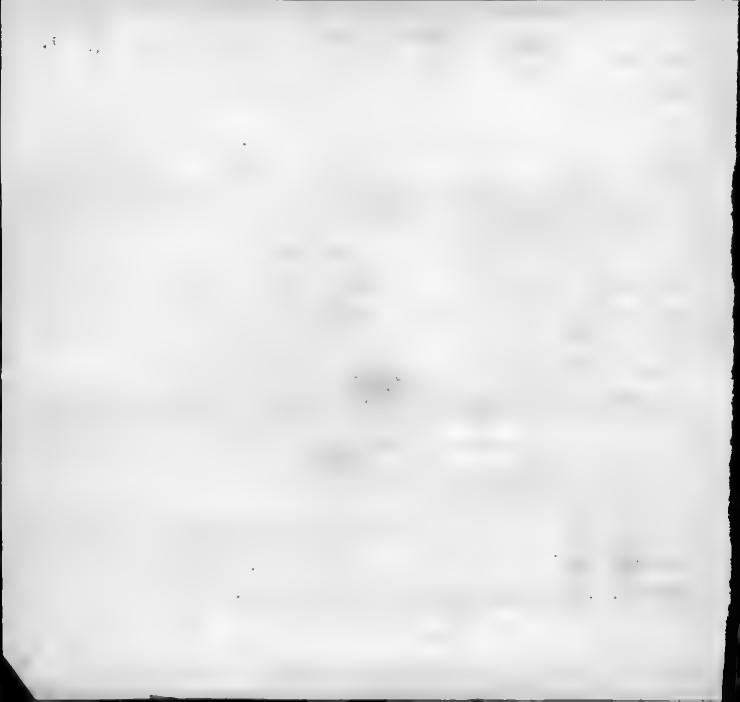
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, crematian, ar remaval, and in any event within 72 hay ofter both.

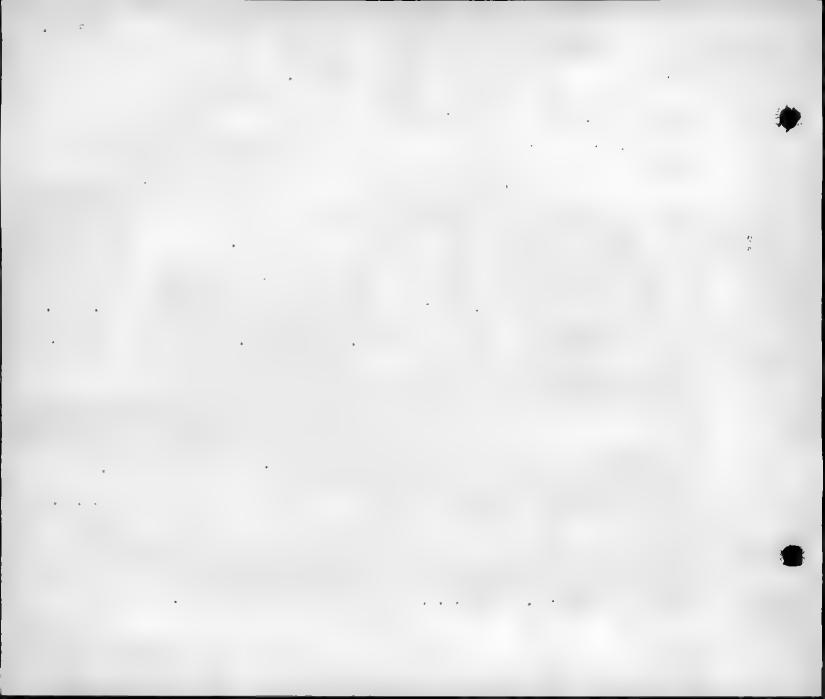
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9, etc., FilmG246 8-18-59 e CERTIFICATE OF DEATH

08715.

0302	Keg. Dist.	NO.								
1. PLACE OF DEATH COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be STATE Maryland b. COUNTY Anne	petore admission) Arundel								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest lown)								
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Anne Arundel General Hospital	207 Chester Ave.,	o. IS RESIDENCE ON A FARM? YES NO X								
3. NAME OF DECEASED (Type or print) John S	Lost 4. DATE Month OF DEATH June	3 19 59								
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF SIRTH 9. AGE (In years FUNDER 1 YI lost birthday) Approx. 54 yrs.	EAR IF UNDER 24 HRS, ys Hours Min								
10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEI	N OF VIHAT COUNTRY?								
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME									
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN [If yes, give wor or dates of service)	NFORMANT Address									
18 CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c)] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS										
I in OR CONTRIBUTING □ CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)	PERFORMED? YES NO								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f (City or town) (Courtory, street, office bldg., etc.)	(Slote)								
21. 1 certify that I attended the deceased from 1909, ta 1909, that I last saw the deceased alive on 1909, that I last saw the deceased alive on 1909, and that death occurred of 1909, the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED MD. 110 Clay St.,										
PHYSICIAN'S R. L. Richardson	Annapolis, Md.									
220. BURIAL, CREMATION, 226. DATE THEREOF 220 YAME OF CEMETERY OF	CREMATORY of Country 22d. LOCATION (City, toyen) or country	(State)								
23. FUNERAL DIRECTOR'S SIGNATURE Wm. Reese Funeral Home, 108 Washing	246. REC'D BY REGISTRAR 246. REGISTRAR S SIGNA TON St. DATE AUG 1 3 '58 CALLAR & 4									

Annapolis, Md.





24b REGISTRAR'S SIGNATURE

arthur & House

24a, REC'D BY REGISTRAR

with Filed , 8 should papers. pug corbon of other ob ofter : physician ешоле guá detach 3 shauld FUNERAL 9

COUNTY

NAME OF

5. SFX

DECEASED

(Type or print)

Male

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS



certificate has been executed

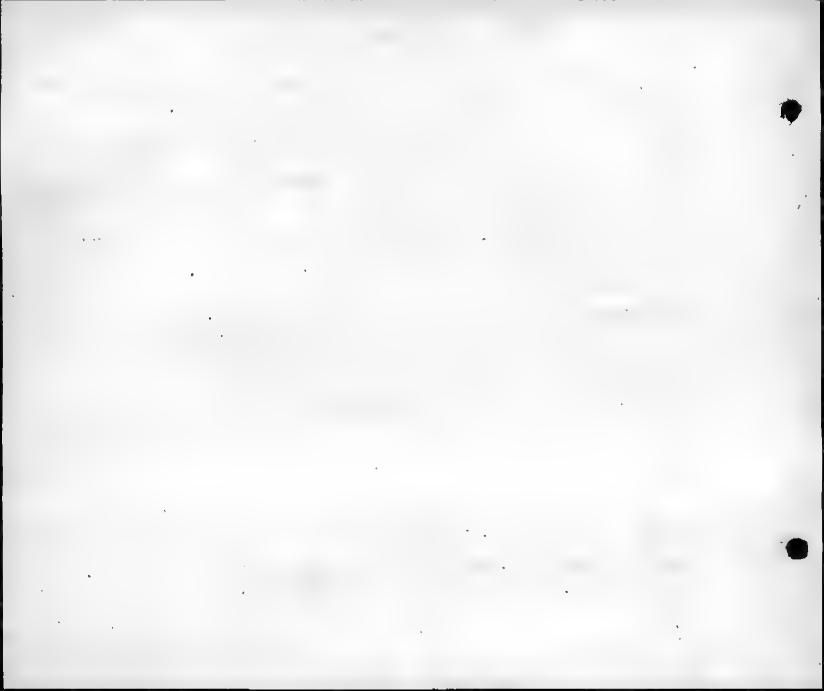
6324 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF DEC	EAGED	
COUNTY Anne Arundel			Mary]	STATE Maryland COUNTY		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY			albik v	STATE COUNTY		
OR and give neerest town) TOWN Annapolis, Md (in this piece)			OR .	OR OR THE STATE OF		
	DC.I					
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital				/ ADDRESS 6th avenue, .		
			/			
3. NAME OF (First)	(A	\id d(e)	(Lest)	4. DATE (Month)	(Day) (Year)	
(Type or Print) John	James	Swee	nev	OF DEATH J	une 1, 59-	
S. SEX 6. COLOR OR			TE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS	
RACE	7. SINGLE, MARRIED WIDOWED, DIVO	PRCEP.		14	onths Devs Hours Min.	
male white	(Specify) Maj	rried No	v 15, 1893	65 yn. "		
10a, USUAL OCCUPATION (Give kind of v	work 10b, KIND	OF BUSINESS	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT	
done during most of working life, even if OR INDUSTRY			Maryland	Maryland USA		
13. FATHER'S NAME			I 14. MOTHER'S MAIDEN			
Eugene Swe			Henrietta Coulter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.				17. INFORMANT & ADDRESS		
(Yes, no, or unk.) (KYes, give wer or de	Hes OT Service)		James Swe	eney Kentla	nd, Maryland -	
		18. MEDICAL C	ERTIFICATION		INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY	10	,	/		ONSET AND DEATH	
11.3 X IMMEDIATE CAUSE	in Car	read	16616			
ANTECEDENT CAUSE(S)	OUE TO				17	
DISEASES OR CONDITIONS, IF ANY,	(8)	Muit	actoria			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	UE TO					
	(C)					
II OTHER SIGNIFICANT CONDITIONS CON						
TO THE DEATH BUT NOT RELATED TO TO						
	. MAJOR FINDINGS O	F OPERATION			204 AUPOPSY?	
					YES NOCES	
216. ACCIDENT WAS UNDERLYING	21b. PLACE (Home,		21c. WHERE DID INJURY OCC	UR? (City or town)	(County) (Steta)	
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY street, off	ica bidg., etc.)				
21d. TIME OF INJURY (Month) (Day)	(Year) (Hour) 21e. I	NJURY OCCURRED	21f, HOW DID INJURY OCC	UR?		
	M, at wor	Not white				
22. I hereby certify that I at	touded the decree	ad turn Sign	5/ 1055 1 1	31,000	4.11.	
	- 4		A			
	Paramaran, and t	hat death occurred	at O.C.M., from the			
WENATURE / 1/2 /	bull a		ADI	RESS (Straet, city, town, st	DATE SIGNED	
17 Monte VI A	1.6-1-1	M.D.	Lancey	rece full	. 67.51	
REMOVAL (SPECIFY)	E THINEOF	NAME OF CEMETERY		LOCATION (City, Iown, or		
Burial (SPECIFY) 6/	/3/ 59 /	Arlington	National	Arlington	Virginia.	
24. REC'D BY REGISTRAR REGIS	STRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
			F. Gasch's		tsville, Md.	
DATE 111N 5 '59 Carl	hur & Kraus			,		



X	1 +	7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6325 CERTIFICATE OF DEATH
1	しまし		CERTIFICATE OF DEATH Reg. Dist. No.
986	director, iled with		1 PLACE OF DEATH o. COUNTY o. STATE b. COUNTY b. COUNTY
-			Anne Arundel Maryland Anne Arundel
4 = 4	e e	W)	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
9			Annapolis 9 days Rural - Edgewater, Md.
, p	y the 2 sho	4	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS ON A FARM?
3013	in by and 2		Anne Arundel General Hospital RFD-3, Box-210
n 2111 b	고		3. NAME OF DECEASED (Type or print) HAUDE HELD HALOR DEATH JUNE 10 1959
if.	Pages		5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTY 9 AGE (In years lost birthday) Months Doys Hours Min
-	plet 5.		Female White Widowed 20 Divorced 3/9/04 55 yrs.
cofe	nd comple in papers, death.		100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
X	2 = 8	1	thy E Housewife Tennessee
	ion and corban after de	14	13 FATHER'S NAME 10 MC 16 91 14. MOTHER'S MAIDEN, NAME
Ü			Edmund C. 11 Might Kuth Baird
certific	physic emave hours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no. or unknown) (II yes, give wor or dores of service)
÷	se r		110 - ITAS, ELAIN WHILACE
deal	pleo vith:		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH
£	e of		IMMEDIATE CAUSE (o) LESCULES VALUE (VALUE (C) CONTROL
that	y H		Canditions, if any, which) the Hypertensive Vasientary desease 7 years
15	ed b rmit. any		gove rise to immediate
- doi-	- 2 - D		couse (a), stating the <u>under-</u> lying couse lost.
e	ansit		/ [0]
o la	s be	19	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
H G	te has		
Z P	a in the		200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II o
Sici	g, t		
PHY P	use use		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 of work
(a)	دو الله		21. I certify that I attended the deceased from June 1, 1959 to June 9, 1959, that I last saw the deceased
- A	Aff hed rial		alive on June 10, 19 57, and that death accurred of 1824 M, from the causes and an the date stated above
	detach ta buri		ADDRESS (Street, city or town, store) DATE SIGNED
	be d	1	SIGNATURE Seplere In Sun Mayo Road,
ō , §	209	- 1	Edgewater
IA	JNERAL DII je 3 shauld registrar pr		PHYSICIAN'S NAME (Type) Sylvia Lim Nayo, Md. 6/10/69
SO S	FUNEI age 3 e regi		220. BURIA., CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
Ĭ Ĉ	O FUN page the re		VSUAVAL 6-13-59 EVERGREEN CEMETERY MURPHY FREES BORD LEUN.
¥	-	(23 FUNERAL DIRECTOR'S SCHATURE ADDRESS 240, REC'D BY REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR'S SIGNATURE 241, REC'D BY REGISTRAR'S SIGNATURE 245, REC'D BY REGISTRAR'S SIGNATURE 245, REC'D BY REGISTRAR'S SIGNATURE 246, REC'D BY REGISTRAR'S SIGNATURE 247, REC'D BY REGISTRAR'S SIGNATURE 248, REC'D BY REGISTRAR'S SIGNATURE
15M	15 (4) 9/58		orker 1 lay by + sous (line opolis) De DATEJUN 15'59 arthur S. thrus
		-	



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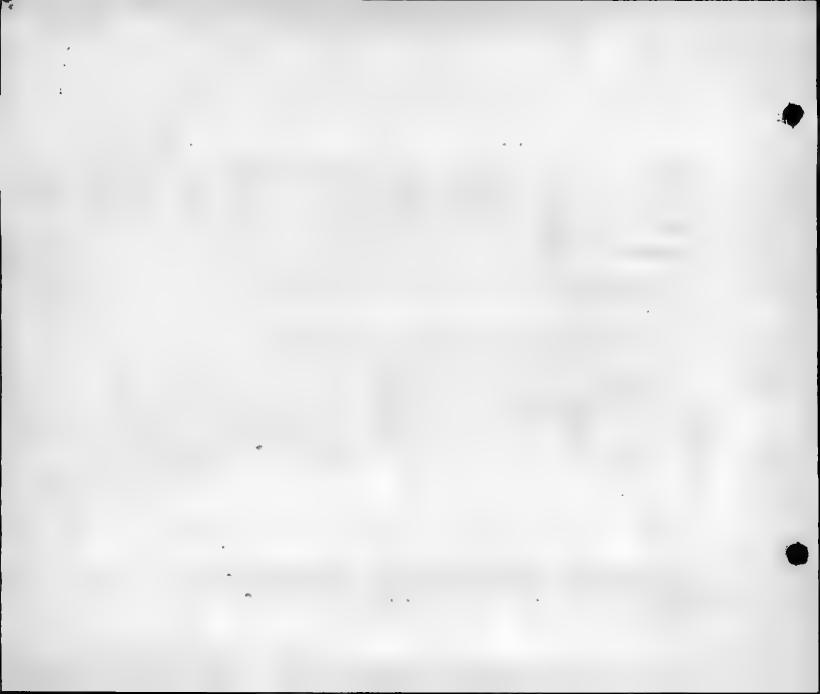
06374

Reg. Dist. No.

1.	PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceas	ed lived. If instituti	anı Residenc	e before adr	pizsion)
	o. COUNTY Anne	Arundel		MARYLAND	a STATE Maryland b. COUNTY Anne Arundel					
	b. CITY OR TOWN (if and give nearest town)	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If authide corporate limits, write RURAL and give nearest town)					
	Glen	₹ Gler	n Burni	е						
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in hosp	oilat, give street address)	4. STREET ADDRESS				e. IS	RESIDENCE
	519	Greenway S	.E.		519	Greenw	ay S.E.			A FARM?
3.	NAME OF DECEASED	Fir	-	Middle	Lost	4. DATE	Month		Day	Year
	(Type or print)	EDI			TRUMBULL	DEATH	June			19 59
5.	SEX		7. MARRIE	D NEVER MARRIED 3.	DATE OF BIRTH		last birthday)	Months Do		
L	Female	White	WIDOWED				30 yrs.	Wildsutter DG	ys Hours	MIR.
10	 USUAL OCCUPATIO during most of working 	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUSTR	TY 11 BIRTHPLACE (Sto	te ar fareign o	ountry)	12. CITIZE	N OF WHA	T COUNTRY?
	Warers		1/4	Verns	1 1 slan	1		1.	Sofi	,
13	FATHER'S NAME	, 1		,	14. MOTHER'S MAIDEN	NAME	***			
L	. (1 7	trough!	Bat	CAYK	Mot	7. W. 7.				
15	. WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO. 17. IN	FORMANT	21	Address	114 Cm	13. Hs.	y. 16.5
Ĺ	16 0		1 11	2. Kuga 1.	s. Hudrer	Pholls		Flen	Burn	in herd
	18. CAUSE OF DEAT	H [Enter only one cas	se per line fi	or (a), (b), and (c).]		- /			INTERVAL BETY	
	PART 1. DEATH WAS CAUSED BY: Fatty infiltration of liver									
	58// DEAG									
	Conditions, if any, which) to Chronic alcoholism									
	gave rise to immediate cause [a], stating the underlying DUE TO									
	couse last. (c)									
Ιž	PART II, OTHE	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINALOISEASE	CONDITION GIVE	N IN PART I	(a) 19 WAS	AUTOPSY
- Ĕ						•	~ ^		YES TY	ORMED?
CERTIFICATION	200. EXTERNAL CAUS	E WAS 20	b. DESCRIBE	HOW INJURY OCCURRED. (Er	iter nature of injury in P	ort 1 dr Port II	of item 18.)		-	
	PRIMARY OF CON	IKIBUTING LI				A				
MEDICAL	20c. TIME OF INJURY	/ Month, Day, Yes	r 20d. It	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, fo	rm, 20f. (City	or town)	(Count)	r)	(State)
AED A	Hour a.m.	19	White at wor	k at work	ry, street, office bldg., e	(c.)				
1		at I took chorae		emoins described abov	e held an Autor	sv 🔀 In	spection .	Inquiry	□ and	find that
			-		ide . Homicic		determined ca	''	LI, ond	Tanu mur
	1000111101100	/		, Accident [_], 501c	ide [_], Homiteit	ie [_], Or	ideses illifiled Cd	103E [_].		
	ACTUAL	11/11/2-11	mark.		CHIEF MEDICAL	EYAMINED I			DATE	SIGNED
	SIGNATURE	111000)	M.D. CHIEF MEDICAL ASSISTANT MEDI	_	· [3]		6/24	150
	EXAMINER'S NAME (Type) W	illiam V.	Lovit	t, Jr., M.D.	DEPUTY MEDICA		_		0/24	127
22	BURIAL, CREMATION			22c. NAME OF CEMETERY OR			ION (City, town, or	county)	(Sia	dai i
	REMOVAL (Specify)	29 Juny	1-0	Glen Hoven	-	191	3	150	12	1
23.	FUNERAL DIRECTOR'S		-3/-	ADDRESS	240. REG	C'D BY REGISTI	RAR 24b. REGIST	RAR'S SIGN.	ATURE	111
	RV	Lina litan	1.91	6.13	MA _ DATEU			9 S. K.		
	1 1	June 1 march		and a company of	11101 - DAIRA		Littin	M. J. Tille	w.d.	

VS. A15ME(5) 5M P/55

or removal.



VS A15 (4)

15M 10/57

2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission Dörchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES TO NO F 19 59 IF UNDER 1 YEAR! IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY U.S.A. Adkins INTERVAL BETWEEN IONSET AND DEATH Few months Since Adm. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? YES NO K (County) (State) 6/16 1958 to 6/24 1959 that I lost sow the deceased 159____, and that death occurred at 1:20AM, from the causes and on the date stated obave. ADDRESS (Street, city or town, state) DATE SIGNED rownsville State Hospital.Md.6/ Crownsville State Hospital, Md. 6/24 22d TOCATION (City fown, or county) nous concl. 246 REGISTRAR'S SIGNATURE arthur & Kings DATE



4 C

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6326

CERTIFICATE OF DEATH

06376

_		Reg. Dist.	. No
IAI	DECEMBRICE Officers descend found of conduction	. Barriage	4.4

o. COUNTY Anne Arundel MARYLAND	o. STATE (Where deceased lived. If institution, Residence before admission) b. COUNTY Maryland Anne Arundel
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE
DOA Anne Arundel General Hospital	71 Conduit Street
3 NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) JULIA LI VanCleve	OF DEATH June 14, 1959 19
	B. DATE OF BIRTH 9 AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	June 21, 1906 forthdoy) Months Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired) House wife own home	Atlantic, Iowa USA
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
KashankanaxRunk Peter Morrissev	Katherine Pugh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
77,737,000	Morris Edward VanCleve- Husband- same as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o) CLUB TO DUE TO	May the the this I want I win it is
Conditions, if ony, which)	1
gove rise to immediate	
cause (a), stating the <u>under-</u> lying cause last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
Date to a little	PERFORMED?
E 20a, ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item IB)
OR CONTRIBUTING CAUSE OF DEATH UTILIFEITHER, NOTIFY MEDICAL EXAMINER	
To time of injury Month, Day, Year 20d. Injury Occurred thour a. m. 19 Ot wark of work the of work th	ACE OF INJURY (Hame, form, 20f (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from Way	, 1957, ta 11 www. 1959, that I lost saw the deceased
alive an Aura 12. 19.51 and that death	accurred at 17 M, fram the causes and an the date stated above.
J. L. II O	ADDRESS [Street, city or town, state] DATE SIGNED
SIGNATURE MAN WE THE MAN WE WANTED	MB 121 Catherdrof, 6/16/51
NAME (Type) John H. Hedeman MD	Clauser, W. W. C.
270. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial June 18, 1959 St. Mary's Co	emetery Annapolis, Maryland
23 FUNERAL DIRECTOR'S SIGNATURE APEN ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
Hopping Tuneral Home Annenglis Man	reland DATE JUN 1 9 '59 Crither S. Kraus

VS ±15 (4) 1SM 10/57

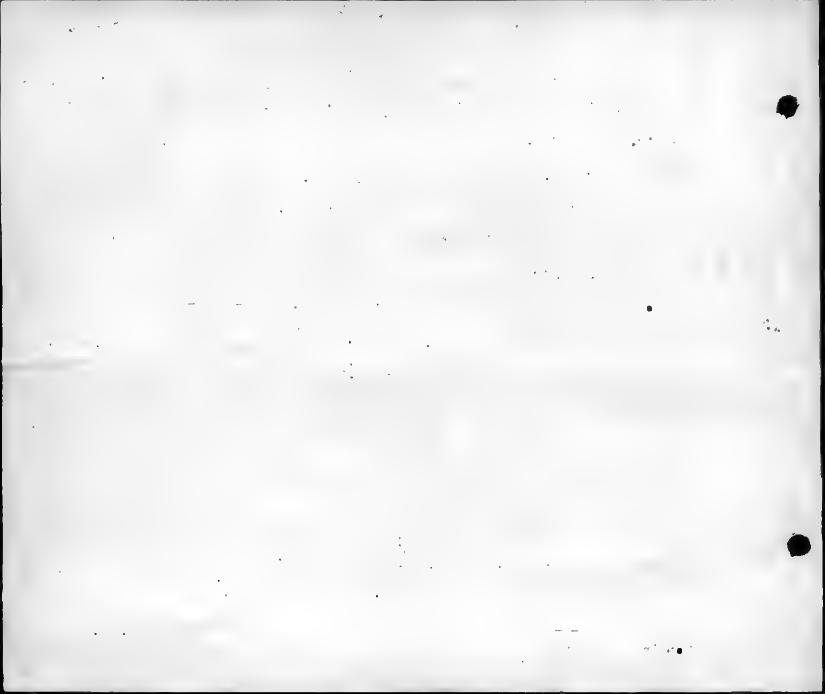


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06377 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. HEALTH DEPT a. COUNTY PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived It institution. Residence before admiss on) £ 141 AS IL AC & COUNTY M MARYLAND b. CITY OR TOWN () outs de corporate tim is, no la ficilità & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest, own) RUR. dl d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARWY D.O.A. FINNE ARUNOEL. 10/11/51 126 YES NO 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) WAS HING LONI. DEATH 19 59 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR RE UNDER 24 HRS last brithday) Months WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTEY? 14 MOTHER'S MAIDEN NAM 14. SOCIAL SECURITY NO I INFORMAN 18 CAUSE OF DEATH | Enter only one couse per lige for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, it any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 13, WAS AUTOPS PERFORMED? NO DO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part t or Fort II of Item 18.) Cute accelesh Caule 50-killed by a car while he was 20c. TIME OF INJURY Month, Doy, Year (Stote) factory, street, office bldg., etc.) Wh-la Not while nr. Annapolis AACO. at work of work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection , Inquiry , and in my opinion death resolved from: Natural couses . Accident . Suicide . Homicide . Undetermined monner DIRECTO DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER-52 220. BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 23-FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRATI'S SIGNATURE 240 REC'D BY REGISTRAR arthur & Henre 5M 2/57

200

206 - newsjeper areaux e/15/59

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



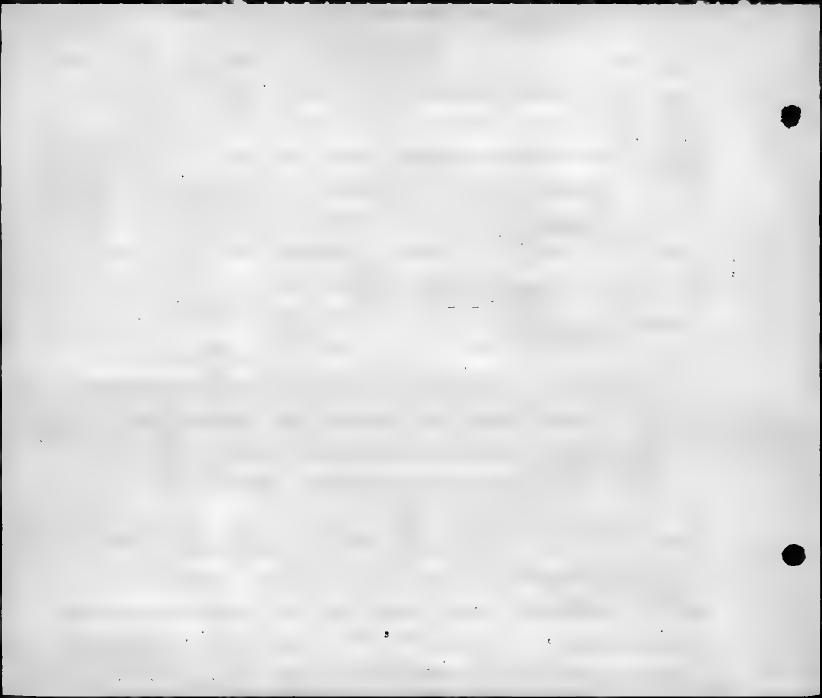
VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6328 CEPTIFICATE OF DEATH **CERTIFICATE OF DEATH**

06379

			keg. Dist. 140.
	1. PLACE OF DEATH O. COUNTY A. A. F. A. R. J. J. J. F. J. MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE	If institution: Residence before admission] COUNTY A F (1) (1) (1) (1)
/	b. CITY OR TOWN (If outside carporate limits, write RURAL and give peacest town)	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give nearest town)
	ANNATOLIS GOLLEN	10 11 N N 17 POL 13	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) AR INSTITUTION 48 Madison Place	d. STREET ADDRESS HE MADISON A	LACE ON A FARM? YES NO
	3. NAME OF First Middle	Last . 4. DATE	Month Doy Year
	(Type or print) ALBERT LUTHER V	NAVSUN DEATH	JUNE 6, 1954
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	AAY 4 1870 9 AG	E (In years of UNDER 1 YEAR OF UNDER 24 HRS birthday) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	The state of the s
	JOHN WESLEY WAYSUN	HENRIETTA	SHEPHERT
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I (If yea, give wor or dates of service) 212–18–7802	NFORMANT , V, ALL', L' WA!	SON 14 1 DIAR
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: () +) A	1 LIZER ADDA	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	L MENIORATIO	t
	DUE TO	- 18	
	Conditions, if any, which	LE-NOSIS COX	1
	gave rise to immediate cause (a), stating the under DUE TO	,	
	lying couse lost. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
,	CCAT		PERFORMED? YES NO
		D. (Enter nature of injury in Port 1 ar Port II of i	tem 18.)
		ACE OF INJURY (Home, form, 20f. (City or tow	n) (Caunty) (State)
	Hour a. p. m. 19 While Not while for p. m. 19 of work 1	ctory, street, affice bldg., etc.)	
		30	
	21. I certify that I attended the deceased from	1 12	., 19,that I last saw the deceased
	alive an, 12, and that death		causes and an the date stated above
	ACTUAL Q	ADDRESS (Street, el	y or town, store) DATE SIGNED
	SIGNATURE & SAL- WAS PRINTED	M.D. 711 - 432 des	N 2/1 /5/2159
	PHYSICIAN'S SEL, WILK!	WS Comulate	i mill
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 228 LOCATION 10	(State)
	Burial June 9, 1959 Cedar Bluff	1	
	23. ELIVERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
	Hopping Funeral Home Annapolis, Mary		Colling S. Kraus



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X

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06380

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6388

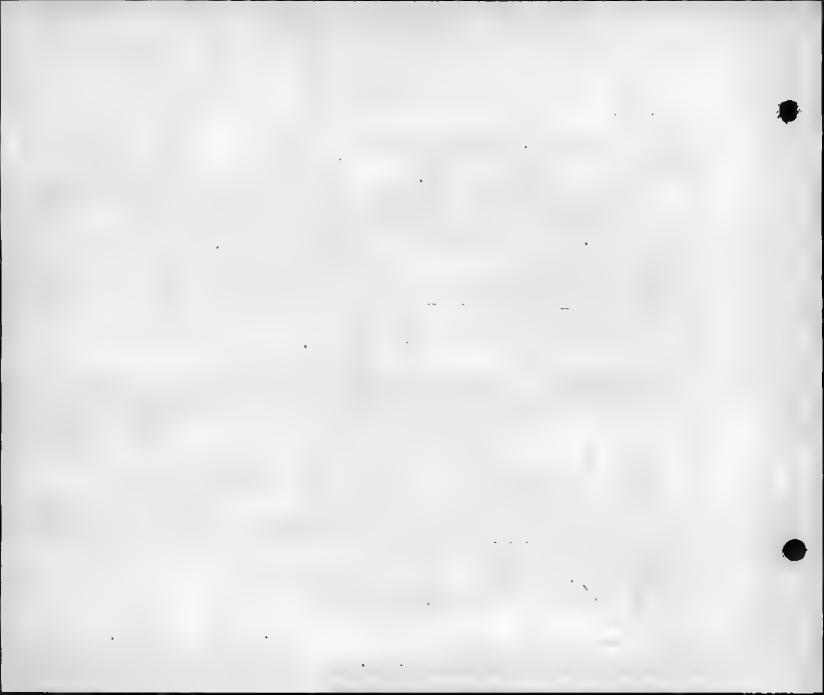
Reg.	Dist	Ma
PARENTA .	00.1014	8 4400

	PLACE OF DEATH D. COUNTY ATU	ne Arundel		MAR	(LAND	2. USUAL RES		Where decedy land			ion, Residen		
Ŀ	o. CITY OR TOWN 115 and give necessit town! Severn.	outside corporate limits, write	RURAL	c. LENGTH OF STAY		c. CITY OR	-	f autside co	rporate limi	its, write	RURAL and	give ne	arest town)
<u> </u>		L OR INSTITUTION (f not in hour	utal rive street action	103	/d. STREET			-				. IS RES DENCE
		oad 100 ft.				1 2 1 11 11 _	ox 17	74b					ON A FARMIN
- 1	NAME OF DECEASED (Type or print)	fin Mari		Middle G.		Whism		4. DATE OF DEATH	,	Month June		Doy	Yeor 59
5. S	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	0 🗔 8	DATE OF BIRTH			9. AGE (n veors	IFUNDER 1	YEAR	IF UNDER 24 HRS
	Male	White	WIDOWED		<u> </u>	Tuly 27		905	53			ays	Haurs Min.
10a	USUAL OCCUPATIOn furing most of working Metal	N (Give kind of work of life, even if retired)	lone 10b. Ki	NO OF BUSINESS OR	INDUST			_				EN OF	WHAT COUNTRY
_	FATHER'S NAME					Wythe			a.		1 0	DA	
10.		Whisman				14. MOTHER 3	WAIDEN I		lina	Wad	ldle		
15. (Yes		R IN U. S. ARMED FOI 11 yea, give wor or dates of 929 - 19	annan'i	OCIAL SECURITY NO. 13-18-111		formant Mrs ^M a	ry E	Bell	Whis	Address Man-	-Wife	- 52	.me as#2
	PART 1. DEAT	H [Enter only one county one coun		or (o). (b). and (c).]	- Thi	combosi.	5.					ONSET	AND DEATH
77	Canditians, if an gave rise to immedi (a), staling the u cause last.	iate couse	NEIONIC COM	NITO BUILDING TO BEAT	() BUT N	AT DELATED TA	TIP TERM	An I A L COLOR DA	- Court	101.01			
CATIO	PARTIC OTH	IN SIGNIFICANT CON	Attions <u>co</u>	THE SOUND TO DEAL	± BÛI IV	OI KELAIED IO	. HAE 1EKW	INALDISEA:	SE CONDIT	ION GIVI	IN IN PAKI		WAS AUTOPSY PERFORMED?
CERTIFICATION	20g, EXTERNAL CAUSPRIMARY (gr CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCUI	RRED. (Er	iter nature of in	jury in Par	t I or Part I	l of item 18	3.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	r 20d. IA While at war	Nat while		E OF INJURY (I			y or tawn)		{Caun	ly)	(State)
	21. I certify the	at I taak charge	af the re	emains described	dabay	re, held an	Autaps	y K], I	Inspectio	ın 🗍,	Inquiry		and find tha
	death resulted	from: Natural	ouses X	, Accident .	, Suic	ide 🔲, H	lomicide	, [], U	Indeterm	ined co	ouse 🔲.	manual.	
	ACTUAL SIGNATURE	X88-	sher			_M.D.		XAMINER Z	_				DATE SIGNED 6/16/59
	EXAMINER'S NAME (Type)	R.S.	FI	SHER				AL EXAMINE EXAMINER (
22c	BURIAL CREMATION	N, 226. DATE THEREO	F :	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCA	ATION (City	r, lown, o	r county)		(State)
B	urial	19 Jun. 3	1959	Annapolis	s Ne	tiona]	L Cer	h. A	nnao	olis	. Ma		
	Endergr DirEctors	SIGNATURE	Tick	ADDRESS				D BY REGIS		b. REGIS	TRAR'S SIGN		
Ħ	opping &	Kipkley	/Gle	n Burnie,	Mo		DATEJL	IN 2 2 "	59	Clu	thur 2. 1	Krau	4

VS. A15ME(5) SM 9/55

or remayol.

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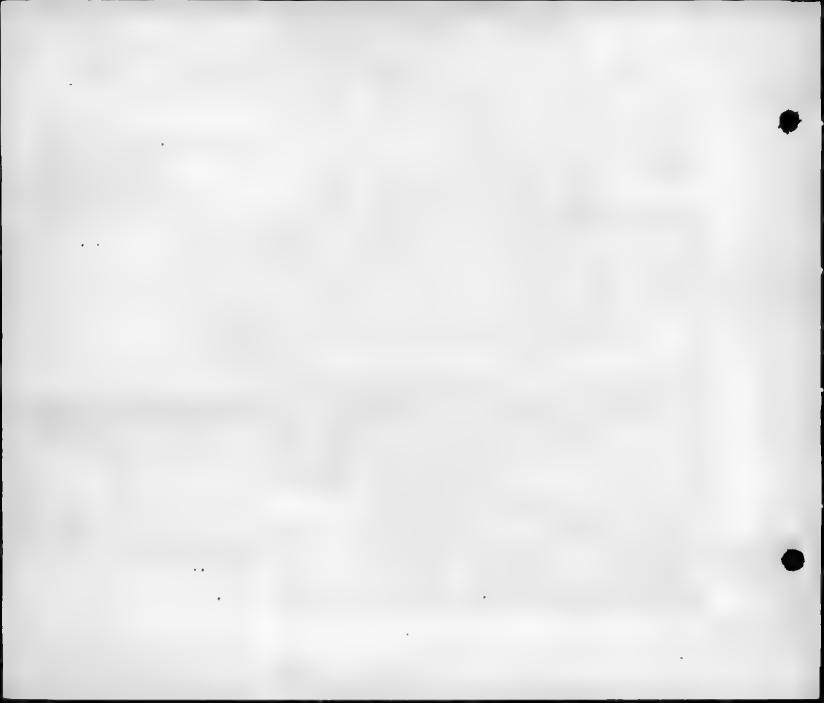


TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

deoth: Tage

	may be	TO FUNER	poge 3 a	the cook
V	5M	A15	(4 55)

						7715 01		•		Reg. D	ist. No.		
	ACE OF DEATH					2. USUAL RES	HDENCE (Wh	iero deceased	d lived. If institution	oni Reside	nce befo	re admis	sion)
0.	COUNTY Ann	e Arundel			MARYLANI	a. STATE	Maryl	Land	b. COUNTY	Anne	Aru	indel	
b.	CITY OR TOWN (I RURAL ond give no	f outside corporate lin	ilts, write	c LENGTH (OF STAY IN 1	c. CITY OR	TOWN (If o	utside corpo	rote limits, write RI	URAL and	give nec	arest town	n)
	Annapoli					//o Anna	polis						
d.	NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,	give street	oddress)		d STREET	ADDRESS					e. IS RES	SIDENCE FARM?
An		el General	Hospi	ital		184 Du	ke of	Glouc	ester St.	•			NO 🔼
	AME OF	F	irst		Middle	L	ast	4. DATE	Mon	th	Do	у	Year
	ype or print)	Dorothy		·	W	INCHESTER		DEATH	June		1	L	1959
5. SE	Х	6. COLOR OR RACE	7 MARS	RIED NEVEL	MARRIED K	B. DATE OF BIR	TH		9. AGE (In years last birthday)	IF UNDE Months			ER 24 HRS.
Fe	male	White	WIDOW	ED D	IVORCED [11-5-1	8.		40 yrs.	Monins	Days	Haurs	Min.
10o.	USUAL OCCUPATION	ON (Give kind of work jing life, even if relice	done 10b	KIND OF BUS	NESS OR IN	DUSTRY 11. BIRTH	PLACE (State	or foreign co	ountry)	12 C	TIZEN C	F WHA	COUNTRY
	CLER	7	AN	NAPOLIS	BANK	+7.Cb. N	arylar	nd			U.	S.	
13. F/	THER'S NAME					14. MOTHER		IAME	4				
	ALBE	PT le	INCI	HEST	ER	14G	NES		LAMB	3			
		R IN U. S. ARMED FO		SOCIAL SECU	RITY NO 17	INFORMANT		4 4	Addi	1035			
						AGNES	?	WIN	CHEST	ER		= 2	
[j		TH [Enter only one c	ouse per li	ne for (a), (b).	ond (c).)			1	١		INTI	ERVAL BE	TWEEN
ш	PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (0)_//	olas	lass	a) No	> L	no	201		3	177	
	181.0	DUE TO	0)		*			11	11		,	12
	Conditions, if o		b) C	and	ine	ma	1	100	l-la	das	1/	11/	2/5
	gove rise to it cause (a), stating		0							_			1
	lying couse lost.)	c)	-74									
CATION	PART II. OTH	HER SIGNIFICANT COM	VDITIONS C	CONTRIBUTING	TO DEATH B	UT NOT RELATED T	O THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(a) 1	P WAS PERFO YES [AUTOPSY DRMED?
CERTIF	100. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW IN	IJURY OCCUR	RED (Enter noture	of injury in F	Port I or Port	t II of item 18.)				
WEDICAL	Oc. TIME OF INJUR	Y Month, Doy, Ye		NJURY OCCUR	RED 20e.	PLACE OF INJURY	(Home, farm	. 20f (City	or lown)		(County)		(State)
WED	Hour o.m. p.m.	19	While of work	k 🔲 at work	°0/	factory, street, offi	ce bidg , eic.	" / /	/				
	1. I certify th	at A attended the	deceas	ed from /	11/21	58.19	to 6	///	5 9 19	that I	last so	w the	deceased
	alive an	11/09	. 19		d that dea	th accurred a	11:30	M. fron	n the causes a				
			/	1	, /	,		ADDRESS (SI	reet, city or town,	stote)	1110 00		ATÉ SIGNEE
Í	CTUAL IGNATURE	Plan	1	ans	1,-/h	_м.D <u>S</u>	8 Cath	nedral	St.,		6	/2/	59
	HYSICIAN'S IAME (Type)	Edwin DAV	is, U			A	nnapol	lis, M	d.	·			4
220.	URIAL, CHELLAND	226 DATE THERE		22c. NAME	OF CEMETERY	OR CREMATORY		22d LOCAT	TION (City, town, o	or county)		(Stat	
5/	Miket	June 4	-1909	XT./	MARY.	SCEMET		ANI	VA POLI	5		N	7 P.
23. FI	JNERAL DIRECTOR	A America	9 0	ADDRES	*		240. REC'I	D BY REGIST	RAR 24b. REGIS	TRAR'S SI	IGNATUI	RE	
1 1/1	14N/V	TAVLO	11 , 7	015	HEIRIA	5471. Q N/	/hours						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06382

Cather S. Firmy

6389 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY g. STATE Baltimore City Anne Arundel MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) yrs. Crownsville 27 days Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Crownsville State Hospital 1200 Valley Street YES NO K NAME OF DECEASED Middle 4. DATE Month Day Yeor 59 Winters 6 (Type or print) Abraham DEATH Louis 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Negro Days 10/15/67 WIDOWED IL DIVORCED | Male YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Winters Julienne Steward INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Hospital Records No Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO Congestive Heart Failure Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the under-Arteriosclerotic Heart Disease lying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO ______ 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day. Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) q. m. While Not while of work of work 19.59 that I last saw the deceased 21. I certify that I attended the deceased from 6, alive an M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Crownsville State Hospital. Md. SIGNATURE PHYSICIAN'S Benedict, M. D. Crownsville State Hospital.Md. NAME (Type) 22g BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Hosp. Crownsville. Md 23. FUNERAU DIRECTOR'S AIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

attending physician. has been si burial-transit certificate 8 ŏ 0.50 this haspital for After detached nay be retained by the P FUNERAL DIRECTOR: A page 3 should be detach 170 prior registrar aBod may 0

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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1. PLACE OF DEATH

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	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	. STREET ADDRESS		e. 15 RESIDENCE ON A FARM?
	FURNACE BRANCH ROAD FE	IRNACE BRA	NCH RODD.	YES NO
	NAME OF First Middle DECEASED	Lost 4. DA	F	Day Year
-	(Type or print) LUCINDA C.	YOUD	ATH JUNE	6 1959
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_	HOUSE WIFE	VIONT ALTO	2, FA. U.	J,A.
3.	1 1	MOTHER'S MAIDEN NAME	. //.'	
	LEWIS CARBAUGH.	CAROLINA		I E I L
15. (Υe	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	AANT An	Address	, ,
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	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		11	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Peripherial 14	Suldr Coi	lapse	Sudden.
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	lying couse lost.) (c) Hyper ten sive	Cardioli	ISUVIET DUCASE	011106143
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	(o) 19. WAS AUTOPSY PERFORMER?
				YES NO 1
CERTIF	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Ent.)	er noture of injury in Port 1 o	r Port II of item 18.)	
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N N	p. m. 19 of work of work			
	21. I certify that I attended the deceased from 2/20	19.5% to 6/	6 1957 that I la	st saw the decease
	alive on 6/4 1959 and that death according	erred at 10-30 M.	from the causes and an the	
	0		S\$ (Street, city or town, state)	DATE SIGNI
	SIGNATURE SCOOLS TO TO M.D. M.D.	113 70	LAVE Brook	lynlark 1/
				16
	NAME (Type) LCOD & Fd To Fdx, M.D	Baltin	cre 25, Mds	19
20	20. BURIAL CREMATION, 226 DATE THEREOF 22C NAME OF CEMETERY OR CRE	AATORY 22d. L	OCATION (City, town, or county)	(Stote)
-	BURIAL 6/9/1959 BURNS HILL	1/4	LAYNES BORD	FA
3,1	3 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY RE		
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